Leadership competencies within the context of nursing management, in private healthcare organisations in KwaZulu-Natal

By

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Abstract

Background: Leadership forms a critical part of the healthcare management process and works synergistically with the other functions of planning, organising and controlling. Nurse managers do not display all the competencies and behaviours that are essential for effective leadership because there is no leadership competency model available within the healthcare organisations in South Africa.

Research aim: The aim of this study was to determine the current state of nurse leader effectiveness from the perspectives of direct line managers as well as the subordinates reporting to them.

Research method: This was a quantitative, cross-sectional study conducted among 239 nurses and 33 line managers. The nurses were selected using probability proportional to sampling techniques from four private hospitals in KwaZulu-Natal, South Africa. Since there was a small group of nurse managers, all were included in the sample. A self-administered questionnaire was used to collect the data. The subordinates rated their line managers' leadership competencies using the NHS 360degree leadership competency tool, which was adapted to the South African healthcare context. The line managers rated their own leadership competencies using the same tool.

Results: The findings suggest that although there were more positive responses to the leadership behaviours tested across the nine leadership dimensions, there are certain important leadership competencies that require development. The highest reported nurse manager competency ratings included inspiring a shared purpose (73%), leading with care (69%) and the ability to evaluate information (71.5%). In contrast, the lowest reported nurse manager competencies included the line managers knowledge of what is needed to make well judged decisions (56%); the ability of the line manager to describe future changes in a way that inspires hope, reassures staff, the patients and the public (43%); the line managers ability to explain controversial and complex plans in a way that different groups can hear, understand and accept (43%); the manager's ability to shape future plans with the team (40%) ; the manager's ability to create a common purpose to unite the team and enable them to work seamlessly together to deliver (55%); the line manager

constantly looking for opportunities to celebrate and reward high standards (46%); sharing stories and symbols of success that create pride in achievement (45%); the line manager's ability to provide long term mentoring and coaching (46%) ; the line manager's ability to spot high potential individuals in the team and focus developmental efforts on them (45%) and the line manager's ability to use stories, and other memorable approaches to increase his/her impact (37%). There was a significantly positive correlation found among all the leadership dimensions for both employees and subordinates.

Conclusion: Although there were more positive responses to the leadership behaviours tested across the nine leadership dimensions, there are certain important leadership competencies that require development. Interestingly, the line managers have a positive perception of all the leadership competencies across the nine dimensions. Despite the widespread acknowledgement of the importance of leadership, there are barriers to effective leadership.

Keywords: leaders, leadership competencies, leadership styles, management, leadership development.

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Declaration

I, Vanitha Naicker declare that the contents of this dissertation represent my own work and have not been previously submitted for academic examinations toward any other qualification. The contributions from the various authors have been duly referenced in this study. Furthermore, the study represents my own work and statements and not necessarily those of the UKZN Graduate School of Business and Leadership.

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List of Abbreviations and Acronyms

AACN	American Association of Colleges of Nursing
ANALi	American Nurses Association Leadership Institute
AANAC	American Association of Nurse Assessment Coordination
AONE	Association of Nurse Executives
CCL	Centre for Creative Leadership
ENA	Enrolled nursing assistant
EN	Enrolled nurse
IOM	Institute of Medicine
NCHL	National Centre for Healthcare Leadership
NHS	National Health Service
SANC	South African Nursing Council
RN	Registered nurse

Definition of key terms

Ability is the power or aptitude to perform physical or mental activities that are often affiliated with a particular profession or trade (Kings Fund, 2011).

Competencies is the combination of observable and measurable knowledge, skills, abilities and personal attributes that contribute to enhanced employee performance and ultimately result in organizational success (Finlayson, 2010).

Competency model is a framework for defining the skill and knowledge requirements of a job. It is a collection of competencies that jointly define successful job performance (YMCA, 2010).

Employee engagement is the emotional commitment the employee has to the organization and its goals. This emotional commitment means engaged employees actually care about their work and their company and will go the extra mile (Dromey, 2014).

Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings. Enrolled nurses contribute to nursing assessments, care planning, implementation and evaluation of care for health consumers' .The registered nurse maintains overall responsibility for the plan of care (SANC, 2014).

Enrolled nursing assistants complete a one year theoretical and practical nursing certificate course that is designed to support registered nurses (RN) and enrolled nurses (EN) in the delivery of general patient care. The duties that a trained ENA may undertake are always under the supervision of a registered nurse (SANC, 2014).

Healthcare institution usually has been thought of as a hospital, a nursing home, a rehabilitation facility, or another such single-site entity. Such an institution consists of the human beings who work in many different capacities within it, the leaders who direct and manage it, and its governing body—usually a board of directors or board of trustees that is responsible for hiring (and firing) the chief executive officer (CEO) or president of the institution and for setting policy and direction in partnership with

the employed leaders. Many institutions now, however, are much larger than a single facility. For example, there are integrated hospital healthcare networks that include everything from physician group practices to long-term-care facilities (Dixon-Woods, 2014).

Knowledge is the cognizance of facts, truths and principles gained from formal training and/or experience. Application and sharing of one's knowledge base is critical to individual and organizational success (Kings Fund, 2011).

Leadership is the ability to influence, motivate and inspire others to achieve organisational goals (Dalglish and Miller, 2010).

Leadership style is a leader's style of providing direction, implementing plans, and motivating people (Falter, 2012).

Leadership traits are the personal qualities that shape effective leaders (Northouse, 2010).

Management is a process of coordinating actions and allocating resources to achieve organisational goals; the ability to plan, organise, staff, lead and control are the main functions of management (Kelly, 2011).

Private healthcare institutions are an institution owned by a for-profit company or a non-profit organization and privately funded through payment for medical services by patients themselves, who pay towards a medical aid (Yukl, 2013).

Registered Nurse (RN) is a nurse who has graduated from a nursing program and met the requirements outlined by a country, state, province or similar licensing body to obtain a nursing license. An RN's scope of practice is determined by legislation, and is regulated by a professional body or council. They are responsible for supervising care delivered by other healthcare workers, including enrolled nurses, enrolled nursing assistants and student nurses (SANC, 2014).

Skill is a developed proficiency or dexterity in mental operations or physical processes that is often acquired through specialized training; the execution of these skills results in successful performance (Kings Fund, 2011).

Unit managers oversee all aspects of operating a unit within a health care facility, from supervising nursing staff to monitoring patient care. They need extensive clinical experience, prior administrative experience, and training in both nursing and management (Shirey, 2015).

Chapter 1: Overview of the study

1.1 Introduction

Private healthcare institutions in KwaZulu-Natal operate as businesses, with the desired result being to make profits and deliver a high standard of patient care. Unit managers are employed to manage the different nursing units and disciplines in healthcare. Their primary functions are planning, organising, leading and directing the activities of the unit. Management of human and other resources are also a large part of their portfolio (American Nurses Association, 2013). Each unit manager has lower categories of staff reporting to him/her. Together, they need to achieve the goals of the unit and the healthcare organisation as a whole (AANAC, 2014)

Once nurse managers are in a leadership position, there are no substantial leadership development programmes available to identify and develop areas of leadership weaknesses. Avolio, Avey and Quisenberry (2010) claimed that over time ineffective leadership has a similar effect on an organisation's failure or success as a recession does. They further asserted that today's leaders lead change, develop talent and address complex issues. In times of recession, organisations shy away from financial investments in leadership programmes; however the benefit of this should not be underestimated (Kelloway and Barling, 2010).

Further, not all nurse managers possess a tertiary qualification in management, which underpins leadership theories and is a foundation for effective leadership. The American Association of Colleges of Nursing(2013) stated that in order for the nurse leader to provide safe, high quality care, she not only requires leadership and decision making skills, but also business and economic skills. A tertiary management qualification at diploma level as a minimal qualification is thus imperative.

Currently, there is no evaluation of nurse leadership competencies or active interventions to build leadership capability. Ineffective leadership has contributed to employees not taking ownership of organisational goals, resulting in decreasing patient satisfaction index scores (Aon Hewitt, 2014).

1.2 Background to the problem

Historically, in South African healthcare there have been different categories of nurses trained by institutions that are approved by the South African Nursing Council. The registered nurse category is the only category that is able to progress into a unit manager position (SANC, 2014).The theory incorporated into the registered nurse training includes unit administration and financial aspects like budgeting; leadership aspects are briefly touched on. Senior professional registered nurses often move into unit manager positions due to superior clinical job performance, technical skills, experience and expertise in the field, rather than leadership competencies (Patton, 2012).

Patton (2012) concluded that it was assumed that their experience would enable them to fulfil the roles of unit managers successfully and that a tertiary qualification in management was not a requirement. There was minimal emphasis on building and developing nurse leader capability. To date, no private healthcare group in KwaZulu-Natal makes use of a leadership competency model, which serves to identify areas of leadership strengths and weaknesses. With the growing demands on private healthcare, however, certain healthcare organisations are now paying more attention to would-be managers possessing a tertiary qualification in nursing administration and the impact of leadership on subordinates (Bernotavicz and Dickinson, 2014).

1.3 Research problem

Kelly (2011) emphasised that leadership forms a critical part of the healthcare management process and works synergistically with the other functions of planning, organising and controlling. The researcher claimed that nurse managers do not display all the competencies and behaviours that are essential for effective leadership because there is no leadership competency model available within the organisation. Ruderman (2014) stressed that leadership competency models are used as an assessment of individuals with regard to a competency profile that identifies strengths and areas that require improvement. In order to build up effective leadership in an organisation, a leadership competency model is crucial as it aids in developing important leadership skills and abilities (National Centre for Healthcare Leadership, 2010).

Ineffective leadership could possibly have contributed to the low employee engagement scores at the private healthcare institutions under study. Abraham (2012) suggested that while declining employee engagement may be due to economic factors, it is a strong indicator of an organisation's leadership climate. He concluded that since leaders have a strong influence on employees' perceptions of the workplace, the declining engagement numbers may be influenced by disengaged leaders. Markos and Sridevi (2014) defined engagement as being the passion, commitment and keenness of employees to dedicate themselves and their energies to achieving successful outcomes for the organisation. Engagement exceeds the boundaries of employees merely being satisfied with the way the work is arranged or loyalty shown by employees to the employer.

Dromey (2014) further indicated that employee engagement is driven by certain important factors. When employees feel that management values their contributions and is concerned about their wellbeing, the level of engagement increases. Effective communication between employers and employees also drives engagement. Equally important to increasing the levels of engagement is when employers provide employees with opportunities to develop themselves both personally and professionally. The major enablers of employee engagement, as set out by Dromey (2014), are engaging managers, employee voice and integrity. These are all core leadership competencies as outlined in the NHS leadership competency model (NHS, 2013).

Markos and Sridevi (2014) remarked that employees who are disengaged from the organisation waste their time and effort doing work that does not matter, do not show full commitment, make more errors, have increased absenteeism rates, are less productive, and eventually leave the organisation. Dedicated and committed leaders within an organisation have the ability to increase and sustain healthy staff engagement levels; however the opposite can be said of uncommitted leaders (Anitha, 2014).The National Centre for Healthcare Leadership (2011) proposed that leadership competencies are much more than just abilities that leaders possess. These competencies also represent threats and opportunities. When leaders are unable to think critically and act with purpose, the organisation risks the loss of finances and human resources (National Centre for Healthcare Leadership, 2011).

Bersin (2015) discovered congruent relationships between employee engagement and organisational performance outcomes; the organisational performance outcomes identified are: employee retention, productivity, profitability, customer loyalty and safe employee practices. Markos and Sridevi (2014) indicated that the greater the employee engagement within an organisation, the greater the chances are that they will assist their employer exceed the industry average in its revenue growth and profit margins. South African healthcare is experiencing turbulent times as many skilled professionals are leaving the country to pursue a more lucrative career abroad. This has impacted severely on the quality of care delivered at the patient's bedside, especially in the specialised environments such as intensive care, neonatal care, obstetrics and emergency care. Added to this is the increasing competition among private healthcare institutions to source skilled staff from an already diminished pool of resources. With the ever increasing competition in the private healthcare market and the shortage of skilled staff, a study into leadership competencies would benefit healthcare organisations as effective leadership leads to retention of staff.

1.4 Application of a model

There is currently no leadership competency model utilised in the private healthcare institutions under study, yet the National Health Services Leadership Academy (NHS) has developed a Healthcare Leadership Model that is used in healthcare organisations in England, Scotland, Wales and Northern Ireland. As per the NHS Leadership Academy (2013), this model was developed with the intention of assisting those employed in the field of healthcare develop into effective leaders. The model describes the competencies that leaders are required to display in the workplace and is arranged in a way that makes it possible for people to see how they can develop as leaders. It is successfully applied to healthcare institutions in the United Kingdom to assist healthcare leaders obtain insight into how the actions and competencies of leaders influence both organisational culture and clinical safety outcomes (NHS Leadership Academy, 2013).

The Healthcare Leadership Model is made up of nine leadership dimensions. It further includes a brief description of what each dimension entails and the importance of each. It also briefly describes what the dimension is not. The dimensions are explained as follows:

- Inspiring shared purpose is to role model the values and principles of the organisation and emphasise a service ethos;
- Leading with care is ensuring the creation of a safe working environment and displaying effective personal leadership attributes;
- Evaluating information is eliciting data from a range of sources and utilising this data to formulate improvement strategies;
- Connecting the service is fostering multi-disciplinary relationships so that the ultimate goals can be achieved together;
- Sharing the vision is making the vision known to all employees, in a realistic and achievable way;
- Engaging the team is allowing for employees to make valuable suggestions towards goal attainment;
- Holding to account is creating an environment where employees are accountable for their individual and collaborative actions;
- Developing capability is to embrace previous but valuable experience to develop employees and enhance learning within the organisation;
- Influencing for results is building relationships with others to recognise their passions and concerns (NHS Leadership Academy, 2013)

The expected leadership behaviours are indicated on a four-part scale for each of the nine leadership dimensions. The scale ranges from essential to proficient, strong and exemplary (NHS Leadership Academy, 2013). In this way the model identifies the areas that need some development or areas of strength. The essential leadership behaviours are presented in a series of questions which are short descriptions of what the leadership dimension looks like at each part of the scale. All nine dimensions are important to an individual's leadership role. It is important to remember that the job description of the employee, the individual needs of the team members, and the context of the individual's role within an organisation, impact the dimensions that are most important to an individual.

The Healthcare Leadership Model reinforces that the way leaders manage themselves is paramount to displaying leadership effectiveness. The manner in which leaders communicate, interact and behave with others is influenced by certain personal qualities, such as self-awareness, self-confidence, self-control, self-

knowledge, resilience and determination. These qualities form the basis of human interaction. Personal qualities are not separately highlighted in this model, but are found throughout the various dimensions. The Healthcare Leadership Model has been used successfully to help leaders think about their leadership behaviours, carry out appraisals, develop personal and professional development plans, devise recruitment criteria, and create training programme materials (NHS Leadership Academy, 2013).Therefore; the application of this Healthcare Leadership Model will also be beneficial to healthcare in South Africa. Data for this study were collected using questionnaires developed from the NHS Leadership Model, which was adapted to the South African private healthcare industry.

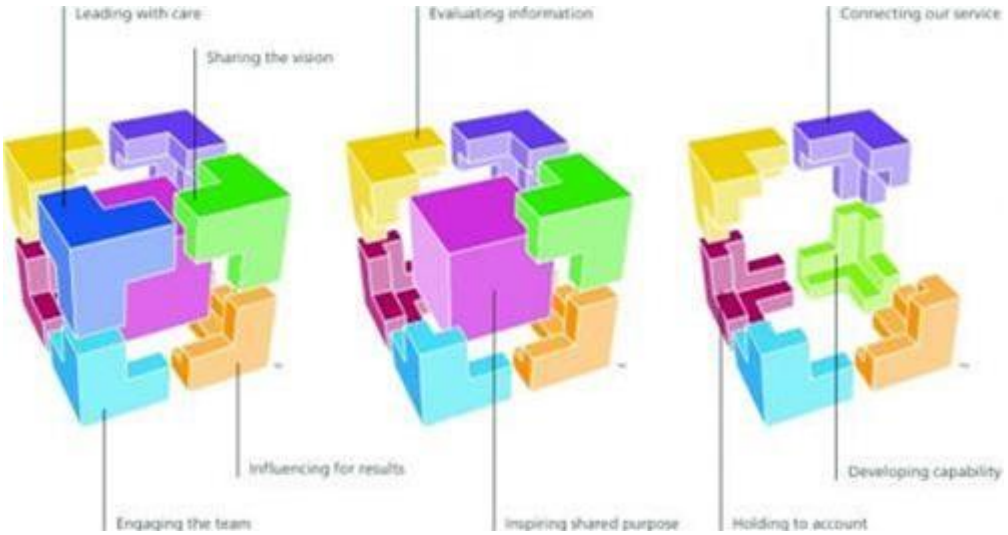

Figure 1.1: The NHS Leadership Model
Source: NHS Leadership Academy (2013)

1.5 Research aim

The aim of this research was first to apply an existing healthcare leadership model to the private healthcare institutions under study, in an attempt to ascertain the current state of nurse leader effectiveness. The model describes the things that one can see leaders do at work and demonstrates how one can develop as a leader. The definitions and importance of the nine leadership dimensions are clearly stated and need to be explored by the nurse manager in the initial stage. The self-assessment

tool, which is based on the nine leadership dimensions, assisted individuals in assessing their own leadership behaviours, while the 360 degree feedback tool provided insight into subordinates' perceptions of nurse manager leadership abilities and behaviours. Together the areas for leadership development were identified, giving organisations the opportunity to reassess leadership competencies and begin efforts to develop their leaders.

The second aim of the research was to inform the design and development of a new healthcare leadership model based on the South African healthcare context.

1.6 Research objectives

- To determine the leadership competencies displayed by nurse managers using the NHS healthcare leadership model.
- To compare subordinates' and nurse managers' responses to leadership competencies displayed at private healthcare institutions in KwaZulu-Natal.
- To develop a new healthcare leadership model, based on the South African healthcare context that will assist in strengthening leadership in healthcare.

1.7 Research questions

- To what extent are leadership competencies exhibited by unit managers in private healthcare institutions in KwaZulu-Natal?
- To what extent do subordinates' perceptions of leadership competencies displayed by unit managers differ from the unit managers' perceptions of their own leadership competencies?
- What will constitute the new healthcare leadership model that will assist in strengthening leadership in healthcare?

1.8 Significance of the study

The study highlights to the private healthcare group the current state of nurse leadership effectiveness, as the areas of leadership strengths and weaknesses are presented not only from the unit managers' perspectives, but also from the subordinates' perspectives. This information will assist the organisation with developing leadership capability, while focussing on the areas that are highlighted as

priority areas. Patton (2012) asserted that healthcare workers will benefit from leadership development, especially if they have not been exposed to formal development programmes. With the rising competition in private healthcare, nursing staff not only leave for better remuneration packages, but also when they become disengaged from the organisation (Bersin, 2015).

Private healthcare institutions cannot afford to lose skilled staff to competitors, as there is a dire shortage of skilled individuals in the country. Developing leadership competencies will build leadership capacity, and effective leaders increase employee engagement which leads to decreased staff turnover. Engaged staff are also more productive and motivated to achieve organisational goals (Anitha, 2014). The healthcare leadership competency model that was developed is cost effective to implement. The self-evaluation tool and the 360degree feedback can be utilised as a readymade tool to measure progress. Any organisation that has sound leadership capability has the competitive edge over other similar organisations (Centre for Creative Leadership, 2011).

1.9 Chapter outlines

Chapter one introduced the current study by providing an overview of the leadership role of the unit manager in healthcare and the importance of leadership development, which frames the context for the study.

The subsequent chapter dealt with the various aspects of leadership including leadership styles and its effects and leadership theories. The broad framework of leadership competencies, including leadership competency models and assessment of competencies, forming the basis for effective leadership was dealt with in detail.

Chapter three provided an explanation for the rationale for the research design, namely a quantitative cross sectional design. The data collection instruments, as well as its strengths and weaknesses were discussed.

Chapter four provided a detailed analysis of the findings of the study, using statistical procedures.

The subsequent chapter dealt with the discussion of the findings in the study and made a comparison between the results of the two questionnaires used in the study.

Chapter 6 was the final chapter in the study which outlined the significant conclusions in the study. The recommendations, based on the findings were elaborated on in this chapter.

1.10 Conclusion

This chapter outlined the area to be studied and provided a detailed explanation of the background and the purpose of the study. The research paradigm was briefly explained. The chapter that follows deals with the relevant literature surrounding the area of interest.

Chapter 2: Literature review

2.1 Introduction

In the last decade, in response to the challenges facing effective leadership, an emerging stream of academic studies has focussed on the competencies required for effective leadership. Savaneviciene, Ciutiene, and Rutelione (2014) indicated that leadership competencies are made up of three components, namely the ability to manage the self, the ability to manage the business, and the ability to manage people. Self-management includes trustworthiness, agility, adaptability and self-control; business management competencies include strategic thinking and planning; and people management skills include collaboration, teamwork, empowering others and conflict management.

Avolio et al., (2010) brought to light the growing number of challenges faced by leaders, stressing those leadership competencies must be assessed. Asree, Zain and Razalli (2010) concurred with this, adding that leadership competencies influence organisational performance. Intellectual, emotional and managerial competencies should be part of a successful framework, confirmed Muller and Turner (2010), while Levay (2010) stressed the importance of bringing a vision together with strategic intent as the basis for effective leadership. Probert and James (2011), Mabey and Morrell (2011) and McCarthy (2014) shared the view that in these times of change and economic challenges, great leaders are a prerequisite for successful organisations.

This is no different for private healthcare institutions. Young nurses are socialised into the norms, ethics and code of conduct of nursing; the South African Nursing Council refers to this as professional practice. Nurses need to work within a legal and ethical framework that governs the profession (Bimray, 2014). Once nurses are responsible for caring for patients, they have to display a degree of self-leadership. Bimray andJooste (2014) explained that nursing leadership starts at an early stage, as student nurses are leaders to the patients they are responsible for, and nurse managers lead the team. The ANALi (2013) recognises that nurses have to work within the framework of their professional practice, scope of practice and the institutional policies and procedures. The role of the senior charge nurse in providing clinical leadership is evolving, making it imperative that leadership competencies are

assessed on a regular basis (Stoddart, 2014).Effective leadership in healthcare is demonstrated by leaders who focus on high quality standards and safe patient care. They ensure that the patient has a voice, is listened to, and is provided with feedback on both positive and negative healthcare experiences. They encourage staff to speak out about their issues, involve staff in decision making, and are supportive, available, fair, respectful and compassionate. They further ensure that two way communication lines are open and that staff understands at all times what is expected of them. They insist on transparency in the face of negative and adverse events, and create a culture of learning where these are looked at as opportunities to improve. Finally, they are not afraid to deal with issues of poor performance and ensure that everyone delivers (West, 2014). In every nursing unit, there are different categories of nursing staff that are allocated to perform different functions. Yet although they may follow the allocation, it does not mean that they are all on the same page, pursuing the same goals; therefore effective leadership is required to provide direction (AACN, 2011).

Ensuring customer satisfaction is one of the pivotal roles of leadership. Dixon-Woods, Baker, Charles, Dawson, Jerzembek, Martin, McCarthy, McKee, Minion, Ozieranski, Willars, Wilkie, West (2014) suggested five key cultural elements that are essential if any organisation wants to maintain a high level of customer care that is able to meet individual needs. The first element speaks about leadership bringing the vision to life; the second element is ensuring that goals and objectives are clear and that the vision is interlinked to each department's goals and objectives; the third element is a supportive management that strives for high levels of employee engagement; the fourth element is fostering creativity and innovation so that high levels of performance are achieved; and the final element is that fostering teamwork is high on the leaders' agenda. The authors indicated in their research that leaders who prioritise the vision and strategic goals, and who focus on high quality compassionate care, are from the top performing organisations. On the other hand, staff interviewed in the study were mostly unclear about their goals and priorities, which left them feeling overwhelmed and stressed, and led them to produce inferior patient care. West (2013) concurred that if leaders want to create a culture of safe, high quality care, then leadership must set clear goals and ensures that everyone understands them. Berwick (2013) concluded that healthcare organisations must

have a culture of learning to improve patient outcomes, saying that the leaders are instrumental in developing this type of culture.

Competency models were first developed as early as the 1970s to identify which behaviours and skills were required for effective leadership. Competency models are very effective as they contribute to leadership development; however, Ruderman, Clerkin and Connolly (2011) argued that although competency models have been hugely beneficial, they do not always encompass the changing environment and the changing nature of leadership. The behavioural competency models view leadership as being organised, consistent and structured, whereas in reality it is dynamic, fluid and chaotic. Ruderman et al., (2011) proposed a model that includes a leader's internal dynamics; Hatler and Sturgeon (2013) referred to this as a leader's mindsight, which allows leaders to reflect on past experiences and behaviours in order to improve performance.

By assessing the leadership competencies of nurse leaders in private healthcare institutions using the NHS 360 degree feedback tool, this study aimed to contribute to the effectiveness of leadership in South African healthcare in various ways. Firstly, the study aimed to support the central premise that assessing and developing leadership competencies leads to leadership effectiveness and superior patient outcomes. Secondly, it hoped to add to the body of knowledge of private healthcare leadership in the South African context as little research has been undertaken in this field. Third, the study intended to, from a practical standpoint, contribute to nurse leader effectiveness through the development of a leadership model that is based on the South African healthcare context.

2.2 Leadership

Horey and Fallesen (2014) were adamant that even after decades of research into leadership, which have led to numerous leadership theories, the question of what leadership is has not been fully answered. However, although various definitions of leadership exist, the underlying principles remain the same. Leadership is usually defined as the ability to influence, motivate and inspire others to achieve organisational goals. Grint (2011) remarked that leadership has been a topic of interest for centuries, especially during the 20th century when there was a keen interest in psychology.

Leadership can be described as the ability to inspire others to achieve certain goals, i.e. a leader guides, directs and influences the work of others to reach common goals (Murugan, 2011). Leadership is also explained as a process by which a person influences another to achieve a task or objective. Some argue that good leaders are made not born, i.e. leadership abilities can be developed through self-study, education, training and experience (Jooste, 2014).Regardless of the definition, leadership is a basic competency needed by all healthcare workers, and leadership development must be incorporated into healthcare workers' training to provide them with these competencies (Kelly, 2011).

Yukl (2011) explained that leaders engage in a process that inspires followers to attain certain goals; they influence by inspiring others and engaging their participation. Sullivan and Garland (2010) commented that effective leaders do not underestimate the value of interpersonal skills and use these to persuade employees to achieve goals; leaders have followers and are borne out of the need to improve a circumstance. The Kings Fund (2011) defined leadership as the art of motivating people to achieve common goals, thus a leader has to develop a vision that is appealing and realistic, and set a plan of action to achieve that vision. Kerridge (2012) argued that giving someone the title of a leader does not necessarily make them a good leader; in fact, Burnison (2012) referred to leadership as the eighth wonder of the world. Leadership is easier to feel than it is to define; Vinkovic (2012) pointed out that leadership involves the leader, the situation and the staff, and is a process of social influence whereby the leader influences the actions of others.

Bosman (2014) defined leadership as the ability to inspire others to follow a certain direction, while Maxwell (2015) argued that leaders who feel lonely at the top are not doing something right. Leaders reach the top with other people's assistance, hence the focus of leadership is people; leadership can be defined as a process by which one person influences others to achieve set objectives, while providing direction to the organisation. Leaders must have the appropriate knowledge and skills for this, but also require certain traits such as honesty, integrity and trustworthiness that contribute to leadership (Sharma and Jain, 2013). Stam and Deichmann (2015) argued that in recent years, followers have been the focus of research leadership

while Fairhurst and Connaughton (2014) concluded that leaders still focus on the self rather than followers. Whatever the case, leadership can be simplified if the lines of effective communication are kept open as the leader influences subordinates to achieve the organisational goals partly through clear communication(Gonos and Gallo, 2013).

2.3 Leadership and management

Leadership and management are firmly entwined, with some core differences in how they are each implemented. Management is a process of coordinating actions and allocating resources to achieve organisational goals; the ability to plan, organise, staff, lead and control are the main functions of management. Leading is the most challenging of these processes, as it deals with changes in human behaviour. In order to achieve management functions, nurse managers utilise human resources, financial resources, physical resources and information resources (Kelly, 2011). Management also involves decision making, planning, controlling, organising and directing, and includes delegating jobs to those who are capable of performing them. Managers have to motivate employees to perform well (Gonos and Gallo, 2013).

Leadership is recognised as the most important element of the directing function in management, as it supports all other managerial functions. Effective leadership is thus a prerequisite to successful management. Leadership provides inspiration to employees, secures cooperation, creates confidence, provides a conducive environment, implements change, maintains discipline among members, represents members and sets goals (Murugan, 2011). A person can be a manager without being a leader and the converse is also true, where a person who is not a manager, with no formal power, can be an effective leader. A managerial leader exhibits both managerial behaviour and leadership behaviour (O'Peterson and O'Peterson, 2012). Rees and French (2010) outlined some crucial differences between managers and leaders:

Table 2.1: Differences between managers and leaders

Managers	Leaders
Managers have subordinates reporting to them.	Leaders have people who follow them.
Managers use commandments and controlling measures to get people to produce results.	Leaders get people to produce results by empowering and inspiring them.
Management is a subject that everyone can learn.	Leadership skills are developed from experience.
Managers prefer a predictable environment.	Leaders thrive in an environment that is dynamic.
Managers are involved in decision making and problem solving.	Leaders provide guidance but allow subordinates to make decisions and solve problems.
Managers are comfortable with the status quo and do not change the structure and culture of the organisation.	Leaders do not accept the status quo and look for ways to improve the service.
Managers are cautious and think incrementally.	Leaders think big and their actions match the way they think.
Managers want to be in charge and desire a sense of control.	Leaders perform actions and behaviours that are consistent with the company's vision and the values.
Managers demand respect as they feel that they have earned their positions. They thrive in the power that the position gives them.	Leaders have followers who make a free willed decision to follow the leader; they do not do it as a result of the perceived power the leader has.

Source: Rees and French (2010)

Gilson and Daire (2011) argued that although leadership and management are both important in the South African healthcare context, the dynamics of change require effective leadership to be in place, i.e. effective leadership is a necessity not a luxury. While the main priorities of management are efficiency and ensuring that tasks are completed correctly, leadership priorities include the leader always being seen to be doing what is correct. Leaders formulate a vision, strategy direction and

goals for the organisation, then communicate the vision and inspire and motivate followers to achieve the vision (Gilson and Daire, 2011)

Curtis, Devries and Sheerin (2011) defined a nurse leader as someone who can provide assistance to others. They further stated that the role of the nurse leader is different to other types of leaders, in that the role of the nurse leader is based on how nurses in a position of leadership influence their area of practice. Even student nurses are considered leaders to their patients, as nurse managers are considered leaders over their team members. Patton (2012) postulated that nurses are often promoted to leadership positions due to their experience and clinical expertise in the field. Kerridge (2013) explained that new nurse managers are often put into management positions without the relevant management training and are expected to do well in these roles. Therefore a management framework that addresses leadership skills and management development is an essential part of any healthcare organisation.

Spencer, Al-Sadoon, Hemmings, Jackson and Mulligan (2014) described the role of the unit manager as being essential in ensuring that safe, quality care is delivered to patients. Previously ward sisters were promoted to unit managers and performed the role through trial and error. Unit managers are expected to play a variety of roles; they are instrumental in developing junior staff, ensuring competence in care, communicating the organisation's vision and creating a culture of care. Baker, Marshburn, Crickmore, Rose, Dutton and Hudson (2012) argued that nurse managers have the complex and intricate job of ensuring safe patient clinical care, fostering team and interdisciplinary dynamics, maintaining healthy nurse-patient and nurse-physician relationships, managing the daily operational demands, and developing and maintaining an environment that promotes employee engagement and satisfaction. Being successful in balancing all of these demands requires a mix of knowledge, skills, talent, and leadership skills. Nurse managers budget, organise, staff, direct, plan, problem solve and control, while nurse leaders inspire followers, manage change and create a compelling vision for healthcare. Leaders are passionate, as demonstrated by their ability to inspire and align people to organisational goals and safe patient care (Kelly, 2011).

The evidence is mounting that good management as well as leadership leads to better patient outcomes, yet although the demand for clinical skills is increasing, there is inadequate focus on leadership skills (Gowan, 2011). Kings Fund (2011) suggested that excellence is needed in both management and leadership, while Pearl (2014) felt strongly that effective leadership is just as important as rendering patient care at the bedside. The healthcare landscape is dynamic and requires leadership that can foster a culture that is able to keep up with this change. Prestia (2010) was of the opinion that nurse leaders play an integral part in ensuring that safe, clinical care is rendered to patients.

2.4 Leadership theories

The various leadership theories, developed over the years, attempt to explain the science of leadership. The approaches to leadership theory have evolved and have their beginnings in the trait theory. The latest development in leadership theory moves away from leadership traits to a greater focus on employee and leader relationships. McCleskey (2014) agreed that the Great Man Theory conceptualised leadership, which then evolved into the Trait Theory and then into the modern day theories. DeRue and Ashford (2011) and Yukl (2011) considered the Situational Leadership Theory to be a Behavioural Theory, as it takes on a behaviour approach to leadership (McCleskey, 2014).Leadership is not a new phenomenon; it arose in the 1900s when there was a shared belief that if you could lead yourself, then you could lead others. Aristotle, the Stoic philosophers and the Christian monastic orders all recognised the need for leadership in their various orders. Leadership carried a spiritual connotation with an emphasis on the entire being, i.e. spiritual, emotional and physical (Jooste, 2010). There was some criticism against the trait theories of leadership in the 1900s (Gonos and Gallo, 2013), however recent theories regarding visionary and charismatic leaders used the trait theories as their foundations. Northouse (2010) found that there are both strengths and weaknesses in the traits theories of leadership.

Table 2.2: Leadership theories

Type of theory	Content of theory
Great Man Theory	This theory evolved on the basis that the male was seen as dominant in relation to the female. At the time of the development of this theory, the male was found to be more suitable to leadership roles. This theory postulated that leaders are born with a natural tendency to lead and they possess qualities that allow them to lead naturally. These people were regarded as superior to others. The great man theory led to the development of the trait theories.
Trait theory	This theory is based on the belief that successful leaders must possess a host of traits that make them exceptional at fulfilling the leadership role. These traits range from caring for fellow human beings to possessing self-determination and inspiring others. The list of leadership traits continue to grow.
Behaviourist theory	The behaviourist theory takes into consideration what leaders actually do rather than the traits that they possess. The various leadership styles have originated from behavioural theories. In recent times, there has been greater emphasis on leadership behaviour as opposed to leadership traits.
Situational leadership theory	The situational leadership theory is based on the belief that different situations and circumstances require a different leadership style. The leader cannot adopt a single leadership approach in his tenure as a leader, but rather changes leadership style according to the situation he finds himself in. An emergency situation will require an autocratic style, while change management may require the leader to be more democratic. There is no single correct leadership style.
Contingency leadership theory	The contingent leadership theory builds on the situational leadership theory. This theory postulates that the leader considers the variables that present themselves in a situation and then chooses the leadership style that will best deal with the situation.
Transactional theory	The transactional approach is based on the assumption that the relationship between the leaders and followers are crucial. Both parties must work synergistically to achieve

	goals and both must benefit from this relationship. The leader and follower share an almost contractual; relationship, where rewards are given for the achievement of goals. Similarly, punishment is handed down for noncompliance.
Transformational theory	The transformational theory has gained popularity since its inception. This theory is based on the leader's ability to transform the organisation with the aim of enhancing performance.

Source: Sharma and Jain (2013)

2.4.1 Scientific management theory

Frederick Winslow Taylor is the father of scientific management. He believed that in order to improve efficiencies, one had to improve the techniques and methods of work used by employees. Taylor considered organisations to be bureaucratic structures where people were seen as machines that were there to perform a certain task. Later on, Elton Mayo developed the human relations movement where the worker as a human being became important. These two diverse methodologies sparked an interest in leadership, which is still evolving (Kelly, 2011).

2.4.2 The Great Man Theory

The Great Man Theory developed by Carlyle in 1840 suggested that leaders are born with certain characteristics that make them leaders. The strengths of the theory are that it focuses on the leader's personality and provides a benchmark against which to assess leadership competencies. The weakness is that it fails to consider the various situations that leaders find themselves in, and is not suitable to use in leadership training and development (Rees and French, 2010). DeRue, Nahrgang, Wellman and Humphrey (2011) believed that the Great Man Theory is still relevant to leadership today as it is essential to establish which leadership competencies need to be developed in an organisation. The Great Man Theory painted the leader as one that possessed heroic-like qualities that made them natural leaders. This type of leader, he believed, possessed intelligence, will and character, rather than actions of distinction. The likes of Napoleon and Hitler flawed the likelihood that this theory was substantial, however, and these flaws led to the evolution of the Trait Theory (Khan, Nawaz and Khan, 2016).

2.4.3 The Trait Theory

The Trait Theory moved away from the assumption that leaders are born with certain genetics that predispose them to being leaders. There is a difference between emergent traits–such as height, intelligence and attractiveness, and effective traits-such as charisma. Max Weber initiated much discussion about the term 'charisma', which he defined as almost magical, supernatural, superhuman qualities and powers. This theory moved away from inherent qualities and focussed on the leader's ability to attract followers (Khan et al., 2016).

2.4.4 The Blake Mouton Managerial Grid

The Blake Mouton Managerial Grid concentrates on leadership behaviour. In 1948, Stogdill examined the possibility of looking at more than traits in the study of leadership. Blake and Mouton (1964) studied how managers utilised task as well as relationship behaviours in organisations. Ohio State studies and Michigan State studies both looked at leadership tasks and relationship behaviours in relation to employee efficiency. The Managerial Grid developed in the 1960s, concerned itself with both workers and production. The style approach was beneficial in that it considered leadership behaviours in different situations and also considered the task at hand, however it did not succeed in finding a one-size-fits-all leadership style (Schermerhorn, 2010).

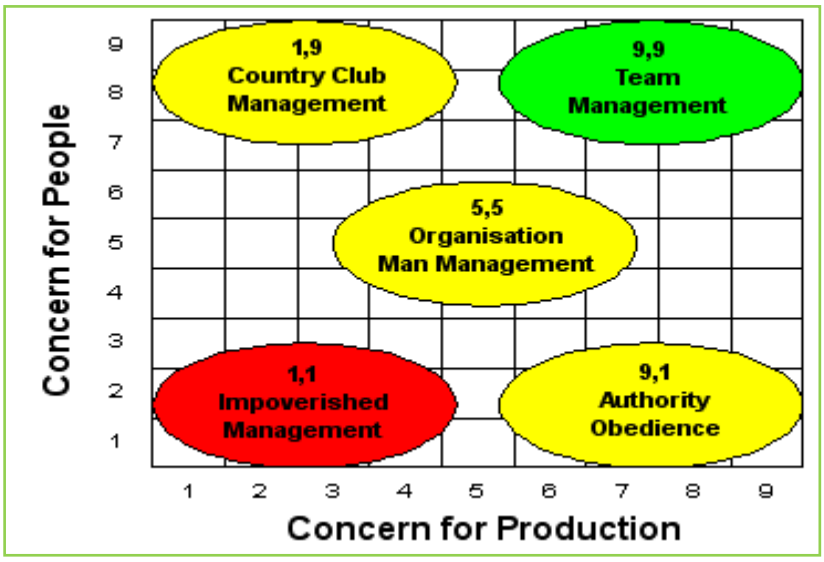

Figure 2.1: The Blake Mouton Managerial Grid

Source: Schermerhorn (2010)

The country club management approach is characterised by leaders who put people first by being concerned about their wellbeing rather than being preoccupied with outputs. This depicts a relaxed atmosphere where people are happy to come to work.

Leaders who are neither concerned about the wellbeing of people or outputs fall in the grid of impoverished management. The leader does the least amount of work.

The team management approach depicts a leader who's greatly concerned about the wellbeing of people as well as the outputs that must be achieved. There is a high level of trust in this area and employees are very committed to the task at hand and to the members of the team. The authority obedience grid depicts a high concern for production and productivity; the leader is minimally concerned with the employees' wellbeing. Finally, the organisation's management tries to create a balance between the needs of the employees and production (Khan et al., 2016)

2.4.5 The Hersey Blanchard Model of Leadership

2.4.5.1 Situational approach

The situational approach model was developed in 1969 by Hersey and Blanchard, where the focus was on the different situations the leader encounters. They explained that different situations require a different leadership style and that for managers to be productive and successful, they have to adapt their leadership styles to the situation. In the early 1970s, Reddin expanded on Hersey and Blanchard's situational theory by adding a dimension to measure leader effectiveness. The situational model is made up of four leadership styles, namely telling, selling, participating and delegating. The leadership style that is most effective is the one that fits the readiness level of the employee (Schermerhorn, 2010; Murugan, 2011).

The situational leadership theory is very beneficial as it is based on sound theories and is a practical approach to use. It emphasises that each employee is different and needs to be treated as such. The major criticism of the approach is that ambiguity exists in the concept of follower readiness. The situational leadership model can be used in the training and development of leaders as it practically based (Jooste, 2010; Murugan, 2011). Situational theorists focus on followers being important in defining

the relationship between the leaders and followers. Task-oriented and relationship-oriented styles must be combined to suit the situation (Khan et al., 2016).

Table 2.3: Behaviours associated with the Hersey Blanchard leadership model

Directive behaviour	Supportive behaviour
One-Way Communication • Employees are very clear on their roles. • The performance of employees is closely monitored**.**	Two-Way Communication • This is characterised by listening, being supportive and providing encouragement to employees. • The employee is included in making decisions. The leaders are the facilitator of this process.

Source: Gonos and Gallo (2013)

Table 2.4: Adair's Action-centred Leadership Model

Themes	Actions
Performing the task	Involved in the planning of tasks. Divides work and shares resources according to priority. Supervises work efficiency and the speed at which work is done. Evaluates the progress of work against what was planned. Makes changes to the plan as necessary.
Team management	Ensure that all members are disciplined. Enhance the ability of team members to work together. Get people to see the wider meaning in what they do and inspire people to keep going. Choose team leaders as the need arises. Maintain clear communication between all team members. Enhance the development of team members.
Individual management	Maintain a healthy physical and emotional wellbeing

	Reward and recognise subordinates as required Demonstrate a respect for self and others. Display self-awareness and understand one's strengths and weaknesses. Make efforts to grow self personally and professionally.

Source: Murugan (2011)

2.4.6 Tannenbaum and Schmidt's Leadership Continuum

This theory argues that a leadership style cannot be viewed in extremes of autocratic to participative or task to relationship, but rather on a continuum, which has four main styles (Schermerhorn, 2010). Leadership itself is on a continuum from leader-centred to follower-centred. This theory identifies four leadership styles that a leader can choose from, however before choosing a leadership style, the leader must consider three variables, namely their personality and preferred behavioural style, their followers' preferred style, and the environmental conditions (Khan et al., 2016).

The **autocratic** style is when a leader makes the decisions and tells subordinates what needs to be done without asking any questions. The telling style is appropriate to use in an emergency and mature subordinates understand when this style of leadership is required.

The **persuasive** style is when the leader makes the decisions but persuades followers to believe that they are good decisions. This is likened to the "selling" type of leadership, where the leader puts a lot of effort into explaining the goals to subordinates. Persuasion is appropriate to use in situations where the team has a high level of motivation and the leader has an adequate amount of knowledge about what is required.

The **consultative** style is when the leader asks the group for opinions, ideas and suggestions before making a decision. The leader may not always consider the suggestions or use them, but will take overall responsibility for the decisions. This style of leadership is effective when the leader has enough time to decide and the subordinates have information that will impact on decision making.

The **democratic** style is when the leader puts the issue at hand to subordinates to provide input and suggestions regarding the way forward. The leader is not the

decision maker, but is rather the facilitator of the discussion and allows the decision to come from the group. This is the joining style of leadership, which is appropriate when group members are willing to share the responsibility for the decision or the leader is willing to accept the responsibility for the decision made by the group.

2.4.7 Bass' Theory of Leadership

As per Sharma and Jain (2013), this theory attempts to explain how people become leaders. Some people possess certain personality traits that allow them to fulfil leadership roles naturally, which is in keeping with the Trait Theory of leadership, while crisis situations may bring out strong leadership qualities in individuals not formally recognised as leaders, which is in keeping with the Great Man Theory. Other individuals can learn leadership skills and exercise the choice to be leaders, which is in keeping with the transformational or process leadership theory (Murugan, 2011). Sharma and Jain (2013) agreed that ethical leaders are respected by their followers, and that subordinates with a clear sense of purpose achieve goals easily. People observe behaviour and make judgements about leaders; they either see them as honourable or self-serving. Self-serving leaders lose credibility because subordinates obey them but don't follow them.

2.4.8 Contingency Theory

In 1967 Fiedler developed the Contingency Theory which suggests that the effectiveness of a leader depends on the leadership style that is utilised for a particular situation (Jooste, 2010). Three situational variables were identified in this theory, namely leader-member relationship, task structure and position power. The strongest situations are those where the leader and the team members have a sound mutual understanding, the outputs are made clear to the team, and the leader possesses power as a result of position. This model yielded eight possible combinations of the three situational factors. Fiedler (1967) concluded that task-orientated leaders did well in group situations that were either favourable or unfavourable to the leader. The Contingency Theory is well supported by research and considers the different situations leaders find themselves in, however it cannot rationalise why certain styles of leadership lead to greater leadership effectiveness in comparison to others (Schermerhorn, 2010; Murugan, 2011). This theory is based on the assumption that the leadership style is based on the situation the leader findshim/herself in. The internal and external dynamics of the environment play an

important role, as they require the leader to adapt to that particular situation. The Contingency Theory forms part of the Behavioural Theory, which is based on the notion that there is no single leadership style suitable for an individual. The leader remains the centre of the leader-follower relationship, however (Khan et al., 2016).

Contingency means “it depends”, and therefore translates to the fit between the leader and the situation. Leaders must keep in mind that individuals are different and that they prefer different leadership styles, and that the environment cannot be excluded when a leader chooses which leadership style to use. The contingency theories are becoming more popular and are used particularly in global companies. Fiedler (1967) believed that leaders do not change their styles, but rather they change the situation they find themselves in. The aim is for the leader to maximise his/her performance in the situation he/she finds him/herself in. Fiedler’s model can be used to determine if one’s dominant leadership style is task-oriented or relationship-oriented (Yukl, 2013).

2.4.9 Path Goal Theory

In the early 1970,s House developed the Path Goal Theory of leadership. This focuses on the role of leadership in motivating followers to achieve goals. This theory suggests that employees feel motivated when they feel like their efforts will be rewarded and what they are doing is worthwhile. This theory allows organisations to understand how leadership behaviours impact employee satisfaction and performance. The main weakness of this theory is that it appears to be one-sided by focussing on the impact of leaders on employees (Watson and Reissner, 2010). The Path Goal Theory was House’s (1971) interpretation of how a leader’s behaviour impacts job satisfaction, retention of employees and their ability to meet expectations. In order to improve both employee effectiveness and job satisfaction, a suitable leadership style must be chosen. The Path Goal Theory can be used to select this leadership style. The theory is based on motivational theories of goal setting and Expectancy Theory, where the leader has the ultimate responsibility to motivate employees to attain the outcomes that have been set. Followers are motivated when they are aware of the path they must follow to attain rewards. Increasing the number of rewards also increases motivation towards achieving the goals. The theory is based on the assumption that the leader makes clear the behaviours that will assist them to reach the set goals. This model is used to

determine goals and the achievement thereof using four leadership styles (Khan et al., 2016).

2.4.10 Management By Objectives (MBO)

In 1954, Peter Drucker introduced the concept of 'Management By Objectives', which was expanded on in 1965 by George Ordiorne. Management By Objectives was defined as a process whereby the top, middle and lower levels of management jointly discuss and agree upon the organisation's goals, set out the expectations and responsibilities of each one, and then assess progress towards the goals in terms of each person's contribution. The MBO is widely used today, and is found to be very useful in the performance management process as it is practical, easy to use and focuses on the attainment of objectives, which is one of the leader's fundamental responsibilities. It also incorporates individuals, departments and teams. It fails in certain organisations due to the manner in which it is implemented (Casse and Claudel, 2011).

2.4.11 Leader Member Exchange Theory (LMX)

In the late 1970s, Graen introduced the Leader Member Exchange Theory. This theory focussed on the interaction between employees and the person in a position of power, otherwise known as the leader. Subordinates who take on more roles and responsibilities become the leaders in a group, while subordinates who just do their job descriptions belong to the 'out group'. The 'in group' receives more rewards than the standard benefits that the 'out group' receives. The members of the 'in group' also display characteristics of trust, respect and commitment, while the 'out group' follow formal communication channels. The LMX theory incorporates communication as a vital part of the leadership process, while the downside is that it may appear to go against the principle of fairness in terms of the treatment of employees (AANAC, 2014).

2.4.12 Criticism of leadership theories

The Trait and Situational Leadership Theories have resulted in a limited advancement in the understanding of leadership. The pure situationist approach to leadership appears to be abandoned by researchers; therefore the Contingency Theory appears to be successfully applied to leadership as it is an interaction of the traits of the leader and the situation itself (DeRue et al., 2011).

McCleskey (2014) was of the opinion that the Great Man theory conceptualised leadership, which then evolved into the trait theory and then into the modern day theories. There was quite a bit of criticism against the trait theories of leadership in the 1900's as the emphasis was on certain characteristics that predisposed certain individuals to become effective leaders. Development of leadership capability was largely ignored. Despite the ongoing criticism, recent theories around visionary and charismatic leaders used the trait theories as the foundation to establish competencies for such leader (Gonos and Gallo, 2013). Northouse (2010) found that there are both strengths and weaknesses in the traits theories of leadership.

Schermerhorn (2010) agreed that the trait approach has great value for leadership development in the current era, as it provides organisations with clear direction regarding which traits leaders and would-be leaders should possess, which can be developed and trained. Northouse argued that the trait theories focussed solely on leadership traits and did not consider the actual tasks that leaders had to perform.

2.5 Leadership styles

Casse and Claudel (2011) argued that leaders must be very aware of the situations they find themselves in before they adopt a general leadership style, i.e. they must have knowledge of the various leadership styles as well as their applicability to different situations. They must further consider the business situation, the team members and the corporate culture before choosing a leadership style. Bishop (2012) was of the opinion that both personality and external motives influence the leadership style used. External motives include culture, situation and personality. Leaders must understand their motives and personalities before selecting a leadership style, but must also understand the impact of their leadership style on subordinates. Gonos and Gallo (2013) described the changes in the leadership landscape as dynamic; in order for organisations to remain productive it is essential to keep pace with these changes. Employees also need to meet their objectives while remaining satisfied; to achieve this balance, a strong leadership style is required.

2.5.1 Servant leadership

Servant leadership was identified by Robert Greenleaf as early as the 1970s; he believed it to be the answer to the leadership crisis that evolved around that time. Patton's (2012) research explored servant leadership with regard to the current

dynamics in healthcare and the leadership needs. Patton claimed that servant leadership has a place in healthcare, arguing that such a leadership model will benefit in developing healthcare leaders. There are certain characteristics that the servant leader should possess, which allow this type of leader to assume the role of a servant first (Spears, 2010);servant leaders are aware of and put the needs of team members at the fore, they listen to what team members have to say, and they consider their opinions and viewpoints. In so doing, they create devout followers. Decision making is therefore a shared effort by all team members (O'Grady, 2014). Servant leadership has gained popularity in recent years and applies to a leader who motivates others to build relationships. The needs of the followers and their input are crucial to the servant leader. The characteristics exhibited are listening, foresight, acceptance of others, commitment to the growth of others and persuasion (AANAC, 2014).

Barnabas and Clifford (2012) highlighted the importance of leaders exhibiting servant leadership qualities. Their study concluded that Mahatma Gandhi fulfilled the elements of servant leadership, as servant leaders put others first and they display authenticity, integrity, accountability, security and vulnerability. They are also honest about their mistakes, their feelings and doubts, and they work in collaboration with others, considering subordinates' opinions and suggestions. Servant leaders appeal to higher values and morals and are role models to followers; they influence others to do what is right by using moral reasoning. Further, servant leaders genuinely trust others in the process of delegation; mentor followers; recognise the areas that require development, are visionaries; see the goodness of the future; and inspire followers to achieve future goals (Murphy, 2012). Effective leaders are not only those who communicate and make good decisions, but they can also effectively listen. Spears (2010) claimed that listening is the most important of the ten characteristics; it requires an active, responsive concentration, compared to hearing which is a passive action.

Servant leaders must also empathise with others as and when necessary, as empathy builds trust, which in turn builds commitment and commitment achieves goals. Servant leaders heal and are acutely aware of themselves and others. They persuade by gentle argument rather than through coercion. They further understand the lessons of the past and deal with future realities. By being stewards they commit

to the needs of others (Patton, 2012). Spears (2010) believed that there had been a shift from the traditional models of leadership to servant leadership, as servant leaders have certain traits that set them apart from traditional and hierarchical leaders; they look for others' opinions, ideas and suggestions in decision making, display ethical and caring behaviour, and concern themselves with the growth and development of employees.

Murphy (2012) put forward that a servant leader formulates a vision, inspires others to follow the vision, and displays empathy and trust as key characteristics of successful leadership. They are skilled empathetic listeners who accept that people are unique, and they are instrumental in healing relationships with co-workers and subordinates (Tims, Bakker and Xanthopoulou, 2011). Servant leaders genuinely show care and concern for employees and take responsibility for all decisions that are made; servant leadership is a rare leadership trait where the main priority is the employee (Spears, 2010). Servant leaders have character. Miller (2013) likens the invisible larger part of the 'iceberg' to leadership character, which is the most important part of leadership, while the visible part represents leadership skill. Miller concluded that leadership character is a matter of the heart.

2.5.2 Transformational leadership

Doody and Doody (2012) stressed that the Transformational Theory is more studied than the other leadership theories combined. Weber (2010) defined transformational leadership as a type of leadership where there is a positive change created within employees. They in turn look out for each other as well as the greater good of the organisation. Transformational leadership has many similarities to servant leadership, in that this type of leader motivates employees toward the vision and goal achievement; they ooze charisma and act confidently, thereby inspiring others to act confidently. Praise and recognition is high on the transformational leader's agenda (AANAC, 2014).Democratic leader's value relationships and focus on quality improvement; they welcome the input and suggestions from subordinates and encourage communication, and workers are provided with responsibilities, accountability and feedback (AANAC, 2014).

Much research has been carried out on the effectiveness of the transformational leadership style in healthcare. Wong, Cummings and DuCharme (2013) investigated

the relationship between nursing leadership styles and the effect on clinical outcomes using literature reviews as the basis for data collection. The researchers concluded that the transformational leadership style is associated with better clinical outcomes. Wong and Giallonardo (2013) conducted similar research and concluded that although authentic and servant leaders were effective in healthcare, the transformational leadership style was still the most effective.

Sadeghi and Pihie (2012) undertook research at three major Malaysian universities, using a sample that consisted of lecturers who were asked to rate the various components of transformational leadership. The study concluded that although the heads of the departments did not depend on a single leadership style, but rather combined the transformational, transactional and laissez faire leadership styles in the course of their work, they rated the components of transformational leadership as being essential to effective leadership. Laissez faire leadership was used more often than considered effective by the researchers, thus Sadeghi and Pihie recommended that the elements of transformational leadership style be utilised more often to increase leadership effectiveness. Kazmi and Naaranoja (2013) conducted research in the Ministry of Health in Finland on 35 respondents who represented the different localities. The research concluded that transformational leadership creates a link between creativity, innovation and individual traits, and is positively linked to creativity compared to other leadership styles. Sullivan and Garland (2010), meanwhile, reported that the transformational leadership style has been beneficial in the healthcare setting especially because transformational leaders inspire creativity in healthcare workers who get bored with mundane and routine tasks.

Transformational leaders are optimistic and proactive; they strive for high performance and inspire followers to do the same, they motivate others, they are respected and they thrive on creativity (Doody and Doody, 2012). Study conducted by Almansour (2012) concluded that the transactional, transformational and situational leadership styles are essential in inspiring managers to reach a greater motivational level, which directly causes the team to operate more effectively; however the transformational style of leadership directly increases the levels of staff motivation. Transformational leadership theory, as per Van Knippenberg and Sitkin (2013), informs how leaders with charisma influence and inspire others to change

their way of thinking and behaving, improve outcomes and performance and cause a direct increase in employee engagement levels.

Chreim (2015) conducted research among 43 teams in a UK chemical processing plant to determine the factors within a team that lead to superior performance and proactiveness. The study concluded that the teams that were most proactive had a greater ability to self-manage as the leader adopted the transformational style of leadership that allowed teams to be innovative in how they carried out their work. This led to the development of best practice and increased team morale.

Koech and Namusonge (2012) conducted research on senior managers from 30 state corporations in Kenya to determine the effect of transformational, transactional and laissez faire leadership styles on organisational performance. The research concluded that there were strong positive correlations between the transformational leadership style and organisational performance, the performance of the organisation and the transactional style of leadership were weakly correlated, and there was no significant correlation between laissez faire leadership and organisational performance. They recommended that leaders be more in touch with their employees, involve them in decision making, show genuine care and concern for them, and reward and recognise employees as required, which are components of the transformational style of leadership.

Employees also expect leaders to be role models and to pay attention to their needs for growth and development (Bamford, Wong and Laschinger, 2013). Northouse (2010) explained that transformational leadership is when a leader engages with an employee at a level where the motivation and commitment is increased on both sides and the leader makes active plans for employee growth and development. According to Northouse, a transformational leader is charismatic, able to inspire others to be motivated, stimulates intellectual thinking in others, and considers each individual. This type of leader models the behaviour that is required from employees and inspires people to achieve goals. Munir, Nielsen, Garde, Albertsen and Carneiro (2012) remarked that transformational leadership has had many benefits for the healthcare environment, as it has led to the enhancement of work life balance; bettered the wellness of employees; improved patient outcomes and safety measures; raised employee and customer satisfaction; and has changed the

perception about owning up to errors. Hamstra, Van Yperen, Wisse and Sassenberg (2011) conducted research to determine if there was a relationship between transformational leadership, staff turnover and succession planning. They discovered a positive relationship between transformational leadership, turnover and promotion intent, and recommended that streamlining certain leadership behaviours to followers based on their orientation may improve employee engagement and retention. This process of transformation binds subordinates and leaders together. In 2001 Nissinen added leadership potential, leadership behaviour and outcomes to this model. The Transformational Model is beneficial as it appeals to morals and values, and considers followers as being important in a leadership model (Weber, 2010).

Warrilow (2012) identified four components of transformational leadership style:

1) Charisma or idealised influence: this type of leader abides by values that are meaningful to him/her. They are role models of the values and cause others to follow the same path. They are able to identify challenges, have the courage of their convictions and pursue what they believe in. Followers admire these types of leaders.

(2) Inspirational motivation: this type of leader is able to paint a picture of the future in a way that appeals to followers. They create enthusiasm about the attainment of future goals. The vision is communicated in a way that inspires hope for the future. The reasons for work are communicated to followers so that they can see the benefits of such work.

(3) Intellectual stimulation: the leader does not accept the status quo and has the ability to speak out against things that are not adding value to the organisation. Creativity and innovation are built into this leadership style, encouraging employees to think out of the box. The leader firmly believes that all goals can be achieved and communicates this belief to employees. Followers do not view themselves in isolation, but rather see how they are connected to the leader and the organisation.

(4) Personal and individual attention: this leader recognises that followers' needs are different. They take the time to identify these needs and provide the necessary mentoring and coaching to individuals. Recognition of contributions is foremost on this leader's agenda, which is also high on respect. This type of leader ensures that

individuals are provided with developmental opportunities, and in so doing increases the self-esteem and self-worth of followers, creating a desire to achieve more.

2.5.3 Transactional leadership

Transactional leaders, according to Wang, Waldman and Zhang (2014), lead by contingent reward and management by exception, yet this fails to build the motivation of employees in the long term, thus the levels of employee commitment are low. According to Casida and Parker (2011), the attributes of the transformational leader are directly linked to safe patient care, improved clinical outcomes, greater staff satisfaction, lower staff turnover, and increased employee satisfaction. Boateng (2012) undertook a study on a sample of principals at vocational technical institutions in Ghana, with the aim of identifying leadership strengths and weaknesses. The transactional leadership style was predominantly used as compared to the transformational leadership style. The areas of weakness identified were empowering others, building networks and exercising their power. Boateng recommended that the transformational leadership style that embodies the abovementioned competencies should be used much more than it is presently.

Transactional leaders encourage the attainment of goals through both rewarding staff for exceptional performance and punishing staff for non-compliance. Transactional leadership is also known as managerial leadership; the focus is on supervising employees, organising work activities, and ensuring that groups achieve goals. Transactional leadership differs from transformational leadership in that the focus is not on changing the future, but rather on maintaining the stability of the status quo; there are repercussions for deviations from performance. Yet transactional leadership has its place– it is beneficial in situations that are considered critical, e.g. in emergencies where decisions need to be made quickly (Odumeru and Ogbonna, 2013).

Transactional leaders reward followers for goal achievement by giving them contingent rewards. An example of a contingent reward is praise that is levelled on followers that achieve goals within or before deadlines. On the opposite end, there are contingent punishments that are administered when followers fail to adhere to quality standards. An example of such a punishment is a suspension handed to an employee who provides substandard outputs (Odumeru and Ogbonna 2013).

Sadeghi and Pihie (2012) noted that transactional leaders focus their attention and energies on achieving clear organisational goals such as quality, customer satisfaction, decreased costs and increased productivity. The Transactional Leadership Theory has been criticised by some authors, including Yukl (2011), who postulated that the theory uses a one-size-fits-all premise of leadership and does not take into consideration the various situations. Liu (2012) conducted research to determine the relationship between transactional leadership and the team's ability to be innovative, concluding that there was a positive relationship between transactional leadership and team innovation in certain settings only, therefore this leadership style is situation dependent.

Table 2.5: Differences between transactional and transformational leadership style

Transactional	**vs.**	**Transformational**
Leaders are sensitive to changes in the environment and react appropriately.		Leaders are proactive. They anticipate changes in the environment and strategise to deal with this.
Leaders are restrained within the boundaries of the organisation's culture.		The leaders display innovation and in this way attempt to bring about a change in the culture of the organisation.
The results and goals are achieved through the process of providing rewards or meting out punishment for non-compliance.		This type of leader puts emphasis on ethical and moral behaviour and role models the same. Results and goals are reached through this.
The transactional leader is able to decipher what subordinates want for themselves and uses this to motivate them to move forward.		This leader inspires and provides motivation to followers by getting them to concentrate on group goals and objectives. The interest of the group is the motivating factor.
The leader is on the lookout for errors that are made and uses the opportunity to educate followers on the correct course of action that will bring about improved performance. There is minimal change to how things are done.		The transformational leader is considerate of each individual. Issues are explored with the individuals concerned and support is rendered to improve the situation. Problem solving is promoted by using creativity and innovation, rather than abiding by the status quo.

Source: Odumero (2013)

2.5.4 Autocratic leadership

The autocratic style of leadership is characterised by leaders who do not allow employees to participate in decision making, are uncompromising, refuse to explain their behaviour, rule with a heavy hand, change subordinates' outcomes without consultation, and set out the way employees must do things; there is a clear lack of flexibility in doing the work and decision making (Gonos and Gallo, 2013). Autocratic leaders make all the decisions with no input from staff, and punishment and negative reinforcement are often used to achieve compliance from subordinates. They regard information as a source of power and therefore will not share information with team members, but a culture of blame is adopted when things go wrong and there is little to no trust between team members (AANAC, 2014). Rawung (2012) expressed that autocratic leaders want to be in control and want to make decisions exclusively; they do not trust subordinates and do not consider their opinions or suggestions.

The autocratic leader is one who makes the decisions and will not consider the opinions of others; there is no consultation in decision making and individuals are punished for making errors. This type of leadership can be beneficial in emergency situations where there is no time for consultation; however it creates an environment where team members do not trust or have confidence in the leader's ability (Manikandaan, 2010). Autocratic leaders are authoritarian in nature and dictate to the team on various aspects of the work that needs to be done. This results in less creativity as the autocratic leader makes all the decisions with no input from others (Khan et al., 2016).

2.5.4.1 Benefits of autocratic leadership

Autocratic leadership is beneficial when sound decisions have to be made quickly. The autocratic leader fares well in project settings where they have to delegate to others the tasks that need to be accomplished. They also need to specify which individuals need to do the task and the deadlines for it. Stressful situations may require autocratic leadership, which has proven to be very beneficial in military-like settings where followers need to become experts at particular tasks.

2.5.4.2 Disadvantages of autocratic leadership

Leaders can abuse this type of leadership and then be perceived as unfair, bossy and controlling. The followers resent the leaders as this type of leadership is stifling and hampers the creativity of the followers who are not allowed to share their ideas (Khan et al., 2016).

2.5.5 Laissez-Faire Leadership

Laissez-faire leadership is characterised by leaders who shy away from decision making and prefer a hands-off approach to leading; subordinates are given little to no direction. Nurse leaders are seen as role models to others and must adopt various leadership styles based on the situation they are confronting. With the shortage of skilled nurses and the dynamics of the healthcare environment, laissez-faire leadership must be used only when absolutely necessary (AANAC, 2014). Laissez- faire leadership has its place in healthcare and is used when teams are self sufficient and self-directed in achieving safe clinical outcomes. Individuals and teams that require direction, guidance and boundaries do not benefit from this type of leadership. Healthcare leaders do well to analyse the situation before adopting a leadership style (AANAC, 2014).

Research conducted by Jackson, Hutchinson and Peters (2013) revealed that a blame culture was rife when a nurse manager displayed laissez faire leadership. According to the authors, laissez faire managers are very indecisive in stressful situations and tend to become hostile when things go wrong. Laissez faire leadership is characterised by the leader not assuming accountability for the organisation's goals; there is no direction or supervision given to subordinates, who decide how the work must be done (Goodnight, 2011). Laissez faire leadership is also known as delegative leadership. The followers under this type of leadership tend to be more demanding, are less cooperative, and are not able to work independently. This type of leadership has its place among followers who are highly motivated and independent, however it can also lead to a lack of motivation as the goals are not clearly defined (Khan et al., 2016).

2.5.6 Democratic leadership

Democratic leaders share similar qualities to transformational leaders, in that open communication is encouraged; relationships are important to the leader and the team

member's opinions and viewpoints are considered in decision making (O'Grady, 2014). The democratic style of leadership is characterised by subordinates being a part of the decision making and change processes. Work related problems and solutions are discussed with subordinates, who are always in the know as to what is happening and they feel listened to. Managers ask subordinates about their feelings and ideas and allow them to critique their actions. Group members speak freely, are encouraged to produce their own ideas, and are allowed to have control over how their work is done. There is also a strong emphasis on interpersonal relationships (Gonos and Gallo, 2013).

Bhatti, Maitlo, Shaikh, Hashmi and Shaikh (2013) conducted a study on both male and female teachers in the private and public sectors to investigate if there was a link between the style of leadership adopted by the leader and the levels of satisfaction experienced by the employees at work. The study concluded that the use of the democratic leadership style led to higher levels of job satisfaction. The participants revealed that they prefer working in an environment where they can exchange ideas and be honest with their employees. In the 1930's Kurt Lewin undertook a study that indicated that the leadership style that leads to well-rounded employees and organisational effectiveness is the democratic leadership style. The democratic leader participates alongside the followers and decision making is shared. Democratic leadership allows followers to become engaged with the group and feel that they are valuable members of the team (Khan et al., 2016).

2.5.6.1 Benefits of democratic leadership

Members from this type of group are able to innovate and come up with creative ideas, as they are allowed to share their ideas with the group. Group members want to achieve goals as they feel they have a vested interest in what happens, and they tend to be more productive. However, there can be downsides to this type of leadership style if used inappropriately; there can be communication failures if roles are not clearly delineated, and group members may feel forced to participate when they do not have the necessary knowledge and expertise. This type of leadership style requires that the group has sufficient time to share knowledge, ideas and expertise with each other (Khan et al., 2016).

2.5.7 Charismatic leadership

In 1971, House developed a theory of charismatic leadership, arguing that charismatic leaders evoke emotion in others, display self-confidence, have strength in their convictions, and communicate an achievable vision to others (Kelly, 2011). Jiang (2014) defined an achievable vision as one that can be attained in the future which will open up doors for all employees. Munir et al., (2012) emphasised that charismatic leaders engage in motivational talk and praise, and share their experiences with their followers, which inspires them to achieve goals and paint an appealing yet achievable picture of the vision. Wong and Laschinger (2013) concurred that charismatic leaders influence their followers to achieve goals, behave in a manner that is ethical and embrace change with optimism. Merrill (2013) looked at statements made by charismatic politicians in the US elections from 1960 to 2012. The dimensions that were common throughout were collective focus, temporal orientation, and follower worth, similarity to followers, values, tangibility, action and adversity.

Charismatic leadership differs from transformational leadership, although charisma is a characteristic of the transformational leader. Hart, Brannan and De Chesnay (2014) stressed that transformational leaders are visionary; they set goals aligned with the vision and inspire followers to achieve these goals. Charismatic leaders create a belief in followers that the future will be successful. Merrill (2013) asserted that charismatic leaders are hugely beneficial to organisations that are undergoing change. These leaders communicate change in a positive and optimistic way, virtually selling the change to followers.

2.5.8 Management By Walking Around (MBWA)

Since nursing is of a practical nature and nurses are always providing care in the clinical area, many nurse leaders have adopted the MBWA leadership style. This allows them to interact with team members, relatives and families; to empathise with staff and provide them with a sense of caring; to evaluate the quality of care being delivered; and to demonstrate a genuine interest in the work environment. Effective leaders spend time with employees that work on the floor; they are optimistic and catch employees in the act of doing something right (AANAC, 2014).

2.5.9 Critically reflective leadership

Bartlett and Ghoshal (2013) are of the opinion that critically reflective leaders provide organisations with a competitive advantage because they continuously reflect on their leadership practices and make efforts to improve their leadership capability. Cunningham (2012) concluded that critically reflective leadership has many challenges; individuals' ethics and intentions are often questioned but mature leaders still pursue this type of leadership. Critically reflective leadership is not only assessing one's own leadership ability, but using sound leadership ability to reflect on organisational practices and taking the necessary action to rectify areas that require improvement.

2.5.10 Authentic leadership

Bamford, Wong and Laschinger (2013) highlighted the importance of strong leadership to build healthier work environments and to deal with the various challenges in healthcare. The authentic leader is characterised by their ability to persuade others to follow the mission and overcome challenges by being a role model of the vision; followers are inspired and motivated to achieve goals and objectives. Team members are recognised as being individuals and are given the necessary development based on their individual needs. Stander, De Beer and Stander (2015) found that authentic leaders increase employees' commitment to the organisation. In their study on German business and research institutions, they found that authentic leadership caused team members to function more effectively together and concentrate their efforts on goal achievement.

Haber's (2010) research explored the relationships between the concepts of transactional and authentic leadership, trust in leaders, and organisational identification. The study was undertaken in Turkish companies on a sample of 232 employees. The results indicate that trust in the leader builds organisational identification. Further, the presence of authentic transactional behaviours in an organisation promotes follower trust, which in turn builds organisational identity.

According to Marturano (2014), authentic leaders possess a rare quality of mindfulness. He defined this quality as the ability to reflect on what they hear and see, while considering what is in the inner person. If leaders display mindfulness, they are able to connect the inner and outer aspects of the human mind. Once this happens, the leader is able to come up with productive solutions to issues.

Marturano added that the ability to be mindful is not an inherent quality, but one that can be learned. For leadership to be successful, the concept of mindfulness must be strongly considered by leaders in the present era of leadership.

Van Aerde (2014) argued that transformational and authentic leadership styles are best suited for quality outcomes in healthcare, as authentic leaders build honest relationships with followers, they value employee contributions, and they are ethical and transparent at all times. Feedback is also maintained, resulting in greater employment engagement levels. Transformational leaders tend to increase employee job satisfaction and retention, which lends itself to team building and sharing an inspired purpose (Jiang, 2014). Authentic leadership is based on the premise of trust and honesty; leaders are transparent, behave ethically and value their followers' contributions. Once trust is built, engagement follows and performance improves. Wong, Laschinger and Cummings (2010) concluded in their study that nurses who felt that their leaders were authentic reported higher levels of trust, engagement and better quality outcomes. Authentic leadership thus influences levels of job satisfaction, as well as quality outcomes and safe patient care, by virtue of empowerment (Wong and Laschinger, 2013).

2.5.11 Adaptive leadership

Birken, Lee, Chin, Chi and Schaefer (2015) defined adaptive leadership as utilising new skills to deal with arising challenges that are not necessarily expected or predictable; an adaptive leader assesses organisational culture and determines whether an organisation is blocking change or creating obstacles to change. These leaders do not jump into change, rather, they keep in mind that the process of change requires buy-in from the entire team and cannot take place in isolation. The adaptive leader must be open to the possibility of conflict and prepare for productive conflict (Birken et al., 2015). The adaptive leader also gathers momentum and does not wither when obstacles opposing change come around; they listen to others without judging their contributions, and speak from the heart which appeals to people's sense of wellbeing (Birken et al., 2015).

2.5.12 Conversational leaders

Hurley and Brown (2010) defined ‘conversations’ as a central system that is used to empower the intellect of individuals, which will provide value add for any organisation. A conversational leader makes a deliberate attempt to get employees involved in a conversation that is geared towards engaging people, tapping into their ideas, sharing information and experiences. The cross pollination of ideas and relationships enables learning and creates more possibilities; a leader is instrumental in planting the idea of conversational leadership and then nurturing it. Conversational leaders clarify purpose and intent, explore critical issues, engage all key stakeholders, use collaborative social technologies and foster innovative capacity development. Hurley and Brown concluded that conversational leaders believe in the power of collective intelligence, and that the transformation in business lends itself to this type of leadership.

2.5.13 Rensis Likert System 4 leadership style

Rensis Likert assumed that there were four styles of leadership, which he referred to as systems (Gonos and Gallo, 2013):

System 1 (exploitative-authoritative) – In this type of leadership the leader does not trust the subordinates; the senior management makes the decisions and communication is top down. The initiatives and opinions of subordinates are of no concern to management; fear, punishment and discipline are used to obtain results; and rewards are rarely given.

System 2 (benevolent-authoritative) – The manager still exercises authority in this system, although some decision making is delegated to subordinates. Certain ideas and opinions of subordinates are contemplated and communication is downward. A degree of fear and punishment is used to improve motivation levels of subordinates.

System 3 (consultative style) – The leaders utilise subordinates’ ideas and opinions, and there is a certain degree of trust exhibited by the leader. Top management controls policy and decision making however, and there is delegation of specific decisions to lower organisational levels. Rewards are offered but punishment is also used to motivate subordinates at times. Communication is top down and bottom up.

System 4 (participative–group style) –There is a high degree of trust between leaders and subordinates. Decision making is spread throughout the different levels

of the organisation. Two way communication is promoted and subordinates' ideas and opinions are considered in decision making. Subordinates are included in goal setting and creating the strategies to achieve the goals. Subordinates have a high degree of autonomy to do their job.

Likert concluded that managers who make use of the System 4 leadership style achieve greater productivity in their organisations; the success lies in high levels of subordinate participation. Gonos and Gallo (2013) undertook research on nine engineering companies in Slovakia using the Rensis Likert framework to assess which leadership style was prevalent. The study concluded that the consultative style was more prevalent than the other styles. These companies showed a high degree of trust in subordinates, but confidence was not absolute, i.e. subordinates' opinions were considered but decision making remained at the top management levels. Employees were also motivated by rewards.

2.5.14 Four types of situational leadership as per Patterson, Champion, Browning, Torain, Harrison, Gurvis, Fleenor and Campbell (2011)

Directing is appropriate to use when subordinates have a low level of both willingness and ability for the task, as the leader has to define the tasks and roles of the subordinates and the level of supervision is high. Top management makes the decisions and communication is predominantly one way. The directive leader takes charge and maintains control at all times.

Coaching is most appropriate when subordinates have high levels of willingness but low levels of ability for the task at hand. Leaders define the roles and tasks clearly, but ask for subordinates' suggestions, opinions and ideas. Although top management makes the decisions, communication is predominantly two ways. Due to inexperience, subordinates thrive on supervision and provision of direction. The leader as coach praises subordinates for their efforts, involves them in decision making to build commitment, and listens to and advises subordinates.

Supporting is appropriate when subordinates are not motivated adequately to do the job but possess the necessary skills. The leader is concerned with finding out the reasons why subordinates refuse to cooperate. This type of leadership requires that leaders inspire and foster high levels of self-esteem in subordinates. The supportive

leader listens, gives praise and rewards subordinates for commitment toward the task at hand.

Delegating is appropriate when subordinates are highly motivated and have the ability to do the job. The leader trusts the subordinates to get the job done and provides little supervision or support. The followers carry out the tasks while the leaders are involved in important decisions and problem solving. Communication is two way with reliance on the subordinates to provide feedback to the leader. Although these subordinates do not thrive on praise, it is important for the leader to recognise their efforts.

2.5.15 Self-leadership

The foundation for self-leadership is based on the premise that if leaders cannot lead themselves, then they will be unable to lead others. The demands of the dynamic business environment have increased the focus on self-leadership, and senior management in organisations need to be in top form- physically, emotionally, mentally, socially, spiritually and professionally. Leaders take on the responsibility to ensure that they maintain wellbeing in all of these areas. Self-leaders are responsible for their own development as well as the development of others, and become successful role models for others (Palmer, 2010). Motivational leaders accept responsibility, rely on themselves and move on; they exercise discipline and are self-aware. Self-aware leaders are quick to realise that not everybody thinks like them; they are aware of their value system and the values of others. They also have emotional intelligence and are aware of their own feelings and insecurities, thus they can identify and build on their strengths (Zander and Butler, 2010).

Self-leaders are not afraid to ask others for feedback on their performance, and are quick to act on weaknesses and to define measurable goals. The progress towards the goals is tracked regularly. Communication is maintained throughout with the relevant stakeholders. If there are problems to be fixed, leaders look for long lasting solutions and not temporary ones. True leaders also look for all opportunities to develop their skills and abilities (Dewett, 2010). Self-leadership suggests that individuals mostly regulate their own actions through these behavioural and cognitive activities (Bimray and Jooste, 2014).

2.6 Effects of leadership styles

Jaroslav (2013) conducted a study on leadership styles and employee productiveness in the banking industry, concluding that the different leadership styles affect employee performance. The directive leadership style was predominantly used and was linked to a decrease in employee productivity. Participants in this study felt that had they been given more autonomy to carry out their responsibilities, their productivity would increase. Kouzes and Posner (2010) explained that inspiring a shared vision is one of the abilities a transformational leader must possess. Leaders that share the vision are more likely to achieve goals as followers are aware of what needs to be done. According to West et al., (2011), transformational and authentic leadership styles are a predictor of quality health outcomes in healthcare settings.

Doody and Doody (2012) also argued that if healthcare organisations want to achieve the highest quality care, then transformational leadership is the leadership style that should be assumed. Nurse leaders cannot adopt one leadership style, however; the style that is chosen will depend on the situation the leader finds him/herself in. Whichever style is chosen, the leader must display integrity, communicate clearly, reward staff where necessary, and provide feedback (AACN, 2011). Doody and Doody (2012) stated that in order for nurse managers to promote both patient safety and staff satisfaction, they need to apply the transformational characteristics of leadership. Zydziunaite (2012), meanwhile, argued that while some nurses adopt their leadership style naturally, others have difficulty fitting into the role of leadership. His study revealed that nurse leaders mostly did not have a certain leadership style that they used all the time; they chose a style based on the circumstances they found themselves in. However, there are elements in the healthcare environment that tended to stifle the effectiveness of leadership. These elements included, but were not limited to inadequate knowledge of leadership styles, lack of experience in a leadership role and lack of leadership development.

In their study, Lawrence and Richardson (2014) suggested that nurse leaders should be exposed to continuous professional development programmes that include practical demonstrations of the various leadership styles, as this would better prepare them for the nurse leader's role in the current era. There have been various studies conducted on the effectiveness of the different leadership styles. The

transformational leadership style was previously thought to be the ideal style of leadership in a healthcare environment; however Stoddart (2014) stated that this is not so and recommends that leaders use the leadership style that best suits the situation. The healthcare environment is changing and dynamic, and nurse leaders are expected to keep up with these changes. For this reason they will benefit from leadership development that is current, flexible in its approach and based on the various leadership styles. The findings of a review by Wong et al., (2013) suggest that healthcare organisations that want to improve patient clinical indicators must make efforts to adopt and develop the transformational style of leadership. A study conducted by Tomlinson (2012) explored the effects of leadership styles of nurse leaders on team effectiveness. The study concluded that leaders who displayed transformational leadership had greater employee engagement and achieved goals and objectives timeously. The importance of communication between management and the teams on the ground was highlighted in the study; if services are to be superior and sustained, then communication must be clear. This is a competency all leaders, irrespective of the leadership style they choose must possess.

2.7 Leadership competencies

Table 2.6: Leadership competency definitions

Competency	**Definition**	**Competency Category**
Analytical Thinking	Problem solving requires a method that is rational, orderly and follows a sequence.	This is an essential competency and is utilised in all tiers of leadership.
Change Leadership	Involves the leader's capacity to communicate and lead the process of change. It includes the skills required to ease the organisation into the period of transition and deal with the consequences of the change.	This is an essential competency and is utilised in all tiers of leadership.

Communication	This is the capacity of the leaders to communicate with others proficiently in a verbal and non-verbal manner. Listening carefully to others as well as communicating the vision, goals, ideas and thoughts efficiently forms part is this competency. The leader must display competence in writing skills, sentence construction and grammar. Computer literacy is fast becoming an essential competency in communication as most documents are in an electronic format.	This is an essential competency and is utilised in all tiers of leadership.
Conflict Management	The leader must be able to identify potential conflict and act quickly to manage it. Steps are taken to prevent conflict.	Manager/Supervisor Competency
Customer Focus	This competence comprises the capacity to ensure that both internal and external customers are satisfied. The leader must be able to anticipate what customers require and make plans to address this.	Manager/Supervisor Competency
Decision Making	The ability to make reasonable, sound and effective decisions by consulting with a variety of sources. The ability to problem solve issues with different levels of complexity and risk.	This is an essential competency and is utilised in all tiers of leadership
Developing Others	Making a concerted and concentrated effort to understand team member's strengths and developmental areas and taking the necessary steps	Manager/Supervisor Competency

	to develop them. It also includes the skill required to delegate tasks to others in a reasonable and responsible manner.	

Source: Hurley and Brown (2010)

For leaders to be effective they need to possess a certain set of skills, knowledge and abilities, often referred to as leadership competencies. Competency can be defined as clusters of knowledge, skills, abilities and traits that lend themselves to successful performance (Horey and Fallesen, 2014).

The general definition of competency is the capability of a leader to assimilate and utilise knowledge that has been gathered from complex and unpredictable situations. Another definition is the use of knowledge and ability to successfully and efficiently achieve the task set out. Knowledge, expertise, skills, beliefs, values and behaviours are all components of competency. There is a distinction between a qualification and a competency, as a competency points toward human productivity (Hatler and Sturgeon, 2013). The National Center for Healthcare Leadership, (2015) defined leadership competencies as a combination of technical expertise and attributes of behaviour that leaders must possess in order to be effective as a leader (Weiszbrod,2015). The NHS's (2011) leadership framework stipulates that all levels of employees in an organisation, irrespective of their category, role or function, are responsible for service delivery and need to concentrate their efforts on reaching goals, therefore competency in these areas are essential. All employees need to be well developed and well versed in service delivery so that they deliver high standards of patient care consistently. In order to do this, they need to be deemed competent in these areas of care.

To this end, nurse managers are expected to drive this process. Time after time the ability to set direction, formulate objectives, person related skills, communication, decision making, customer focus, team leadership, conflict management, emotional intelligence and social responsibility have been highlighted as essential leadership competencies (Muller and Turner, 2010). Martin, McCormack, Fitzsimons and Spirig (2012) found that if organisations are to provide a superior level of healthcare, leadership competencies must be assessed regularly and developed. Numerous

countries have identified leadership gaps in nurse managers, making the assessment of leadership competencies a priority for most healthcare organisations (Martin et al., 2012). Curtis, De Vries and Sheerin (2011) remarked that the challenges facing nursing leadership are mounting. These include new roles, new technology, financial constraints, staff wellbeing, patient satisfaction, diversity management and ongoing education. Dyess, Prestia and Smith (2015) emphasised that nurse managers have a great scope of responsibility which includes the staff, organisation, patients and relatives. Added to this is the ever increasing demand for patient-centred successful leadership. Shirey and McDaniel (2013) stressed that the challenges facing nurse managers are increasing, especially in the face of the rising costs associated with healthcare. Nurse managers are measured by clinical outcomes, adherence to budgets, utilisation of resources, providing excellent clinical care, staff retention, productivity and satisfaction; therefore the development of leadership competencies is crucial to the success of healthcare.

Kvas, Seljak and Stare (2013) found that nurses at lower levels of leadership are mainly involved in the provision of nursing care and are not aware of the importance of their leadership roles. The authors added that lower level leaders must be made aware of their leadership roles and must possess the necessary leadership competencies to build a safe, effective workforce. However, Sullivan and Garland (2010) argued that effective leadership in healthcare is a necessity. Having the title of a nurse leader, without the appropriate skills and competencies, will be the downfall of healthcare organisations, as the nurse leader plays an integral role within the health team. This role includes ensuring patient and staff satisfaction, delivering on high quality, safe patient care, meeting the clinical and financial goals of the organisation, developing self and staff, and maintaining interdepartmental collaboration. The enormity of responsibility and accountability can cause high levels of stress, poor motivation levels and high turnover rates.

As per Ulrich (2015), companies need a tool that is able to assess leadership. Things that should be assessed are ability to inspire others, ability to strategise, coping abilities, knowledge, building talent and building a strong culture. Investors who are confident in these abilities are more likely to invest in such a company. It is essential to be aware that leadership establishes the intangible value of a company (Ulrich, 2015). It is difficult for leaders to see themselves objectively, thus 360 degree

feedback will go a long way toward assisting with leadership development (Maxwell, 2015; Patrick, Laschinger, Wong and Finegan 2011).

Leadership is an art where people look for better ways to do things. Leaders are creative, looking for refreshed and innovative ways of doing work. They care about relationship building and are never satisfied with the status quo. They develop people, accept responsibility and move on (Kelloway et al., 2012).Successful leaders move the organisation into embracing diversity and creating a culture of acceptance and tolerance. Leaders articulate and make clear the vision while inspiring others to achieve strategic goals of the organisation. Leaders embrace change and deal effectively with resistance to change. Effective nurse leaders exercise flexibility, engage others in decision making, discuss issues with the team and lead by example; they lead with integrity and live out their values while ensuring superior performance (West, 2014).

Cowden (2011) emphasised that motivation, communication and team building skills complement each other and together lead to successful leadership. Khan et al., (2012) undertook research which examined the extent to which a leader's competency to inspire followers, effectively communicate and develop unity in teams were found to be important at the various tiers of management. The study found that all these competencies were rated with equal importance at all management levels.

Healthcare leaders must possess the following competencies (Kings Fund, 2011): technical competence- leaders must have knowledge of the organisation, structure, processes and knowledge of healthcare itself to gain the respect of followers; conceptual skills –including the ability to analyse, plan and make decisions in all situations, including those that are complex; and interpersonal skills – these are essential in fostering an environment of trust and respect. Leaders must understand the needs and feelings of others and be aware of the impact of their own actions on others. Nurse leaders will benefit from technological and financial competency development as the healthcare environment is rapidly changing and nurse leaders must be equipped to deal with these changes (Dyess et al., 2015). According to Zangaro, Yager and Proulx (2015), that in these changing times, nurse managers are instrumental in fostering a positive working environment and ensuring safe levels of staff satisfaction. The shrinking pool of registered nurses worldwide means that

nursing staff have to be retained. Effective leadership skills promote the retention of staff. Staff retention is dependent on the leader's ability to provide a safe environment, where they are allowed to speak about their issues and opinions. They are not chastised when they disagree with what is being done or the way things are being done. Leaders make time to engage staff in discussions that affect them personally or their performance at work (Washington, 2015). Successful leaders are creative and innovative**;** they find new ways to deal with existing issues and problems, ask the necessary questions when things are not going according to plan,and foster creativity in others. They are also not afraid to develop new approaches that utilise updated technology (Dalglish and Miller, 2010)

In the current times of change in business, leaders have an ever expanding and difficult role to play. Leaders have to live the values of the organisation, ensure employee satisfaction, deliver on goals, and be change agents; therefore it is essential to set out a framework of expectations for leaders in an organisation. Leadership competencies may differ in profit and not-for-profit organisations, as the scope of work, budget, and resources may differ. Gonos and Gallo (2013) listed the prerequisites for leadership as knowing oneself, knowing and understanding the employee, having knowledge of management skills, and displaying the behaviour of a leader that is in keeping with the situation. Leaders must be aware of their own value system as this is reflected in decision making. They must possess integrity and be able to make their own decisions from a sound knowledge base. Sharma and Jain (2013) described a leader as being self-aware, trustworthy, confident and inspired. They know their followers' needs and levels of motivation, and adapt their leadership styles accordingly. They understand that employee emotions cannot be excluded from the work environment but take care to deal with these accordingly. Communication is two way, but this does not mean that everything has to be in the verbal form; leaders lead by doing and are role models of the performance they expect. As per Sharma and Jain (2013), leaders are self-aware and look for opportunities to improve themselves and their performance; effective leaders are technically proficient so that they can supervise when required and have credibility with their subordinates; leaders never shy away from responsibility, even when things don't work out; leaders are sound decision makers. They gather the necessary information and make informed decisions; leaders are reliable role models

and are aware that subordinates are in a position to observe their behaviours and actions; leaders take the time to know and understand their subordinates. They perform genuine acts of care.

In an article on competency development, Finlayson (2010) communicated the findings of a national study that was conducted with AONE. The study aimed to identify the leadership competencies that were important to senior nurse leaders compared to the relatively junior nurse leaders. The study comprised 46 senior nurse executives and 35 junior nurse leaders; nurse leaders with more than three years' management experience were considered senior. Irrespective of years of experience, both groups considered communication, relationship building, financial management and medical staff relationship building as the most important competencies a nurse leader should possess. Ponti and Devel (2012) further explored the competencies that are required by senior nurse leaders by studying five senior nurse leaders from different healthcare groups. Although the participants noted a vast number of skills that they felt were important for the nurse leader, the majority believed that relationship building within and outside the organisation was a priority. Effective communication skills, influencing others, communicating the vision and goals, business acumen and emotional intelligence were rated as essential skills to have in a dynamic healthcare environment.

The findings of a research study undertaken by the CCL (2011) revealed that certain competencies are essential for leadership success. These include the ability to lead teams, innovation and creativity, emotional intelligence, the ability to remain calm under pressure, the ability to involve the team in decision making and planning, and the ability to manage change

2.7.1Inspiring a shared purpose

Leaders realise that they are working with diversity and that individuals are different but are working towards a common goal, therefore the leader has to merge diversity and create an environment where employees are inspired to achieve common goals. The ultimate objective is to provide safe clinical care for patients (NHS Leadership Academy, 2013). Washington (2015) explained that an essential duty of the nurse leader is to lead a diverse workplace, which itself is a challenging area of leadership. Nurse leaders may not have adequate knowledge of the diversities of the subordinates they lead, which leads to subordinates feeling excluded from the

operations of the organisation as they feel that they are misunderstood (Dyess, Boykin and Rigg, 2010). As per Murugan (2011), leaders develop team work, recognise each individual's ability and direct them to suitable roles by gaining knowledge on how to manage a diverse workforce. The leader represents the team and serves as the connection between management and team members. Leaders are counsellors, i.e. they deal with all sorts of issues –be they technical, emotional or social. Leading a diverse group requires a new set of skills, among which relationship building is essential. Leaders are instrumental in bringing the team together, irrespective of individual differences. They embrace diversity and steer employees towards a common purpose (Washington, 2015).

True leaders model the behaviour they want to see; leaders who are egotistical always want to be the one that takes all the credit and want to be the centre of attention. These leaders alienate followers who are reluctant to pursue common goals. Leaders must display humility, think the best of others and keep an open mindas they inspire others through sincerity to buy into the purpose. Turkel (2014) concurred that there is a link between effective leadership and innovation and service delivery in healthcare, and that effective leadership maintains followers' wellbeing and morale, keeps them aligned with organisational values and inspires a shared purpose. Effective leaders are able to manage themselves, plan, prioritise and still manage their time effectively while effectively communicating goals and plans with followers (Green and Gell, 2012). Firstly, managers must set out clear expectations in the face of change or when new goals are formulated. Plans and specific responsibilities must be communicated to all parties involved, so that subordinates know where their accountability lies. Secondly, subordinates must be included in the overall goals. Thirdly, managers must set measurable goals so that everyone is aware of what needs to be achieved (Schaffer, 2010).

Successful leaders make known to followers what is required of them by clearly communicating the vision, direction and goals that need to be achieved. They ensure that followers have a common understanding about the direction the organisation is working toward; they do not rely solely on inspiration to get followers to do what is required, but rather ensure that everyone understands what needs to be done and why. Goals are clear and simplistically communicated, but are challenging enough to suit individual capabilities (Yukl, 2013). Effective leaders promulgate the vision in a

way that is achievable, and they create an environment where followers are motivated when goals are achieved and they have a sense of belonging in the group. These leaders emphasise to followers how their efforts are contributing to the greater good of the organisation; they make use of stories and symbols to celebrate and reward (Yukl, 2013). Williams, Parker and Turner (2010) shared their opinion that strong leadership teams are critical to organisational success, and that leaders must manage conversations, conflicts and relationships among groups and individuals while maintaining clear perspectives. Leaders can therefore also play the role of team coaches, who help teams come together, set goals and assess the results. Leaders' actions and words reflect the culture of the organisation; they do not accept things as they stand, they influence others to adopt the vision, they inspire others to do what is required, they role model the desired behaviour, and they appeal to the human side of followers (Sharma and Jain, 2013).

Kings Fund (2011) noted that many studies conducted on nurse managers' leadership effectiveness revealed that effective management of diversity was closely related to job satisfaction, staff turnover, the ability to control retention rates and the ability to inspire a shared purpose. The studies further highlighted that nurses thrived on leadership that was participative, engaging, guiding, emotionally intelligent and communicative. These leaders built teams, fostered engagement, and empowered staff to achieve organisational goals, irrespective of individual differences. The team members thus displayed lower levels of stress at work and were more efficient at doing their work. Leaders establish, maintain and are dedicated to ensuring that exceptional standards of performance are maintained (Watson and Reissner, 2010).

Current leadership behaviours that inspire a shared purpose can be defined by two key abilities– imagination and execution. Imagination is the ability to be creative and foster creativity; successful leaders produce new ideas to keep them ahead. Execution is to convert great ideas into reality; innovation is not valuable if the leader cannot direct implementation (Casse and Claudel, 2011).

2.7.2 Leading with care

Leading with care is an essential leadership competency where the leader displays a sound understanding of what team members require and accept that each is different. They are instrumental in creating an environment where followers are at

ease, comfortable and able to be themselves (NHS, 2013).Great leaders realise that followers' experience a range of emotions when delivering patient care, and they are sensitive to these emotions and provide the necessary guidance to assist them to deal with these emotions. They perform acts that show that they care for the team while keeping them focussed on delivering high standards of care (NHS, 2013). The study by Kelloway, Turner, Barling and Loughlin (2012) found that the levels of trust that subordinates had in their leaders were directly proportionate to the subordinates' psychological health, i.e. those subordinates with high levels of trust in their leaders had a better psychological outlook than those with lower levels of trust. The best decisions are made without emotion being the main consideration; good leaders accept negative feedback and use them as growth opportunities. Leaders also provide an overall vision of success and empower employees to assume certain roles, developing confidence and autonomy in people while managers spend their time putting out fires. Good leaders care about employees and demonstrate acts of kindness (Caliguiri and Tarique, 2012).

Leaders who act with integrity and are role models increase employee engagement, as successful leadership depends on how well leaders work with others, whether inside or outside their domains. Effective leaders are approachable; maintain productive relationships and a caring ethos. They encourage employees to contribute to the greater goals, and receive suggestions with optimism. Successful leaders also ensure that all team members know what their roles are, know what progress is made toward set goals, are kept in the loop at all times and feel well cared for (Green and Gell, 2012).

People require flexible and inclusive workplaces where their interests and needs are considered. Organisations that have an intense culture of recognising employees have a 31% lower turnover rate than organisations that have a poor reward culture (Bersin, 2015). Successful leaders grow people into a culture of commitment and positivity; they show a genuine belief in the service they provide and the team, guiding others to do the same. They paint the organisation in a positive light so that followers are able to see the greater good in what they do, i.e. these leaders role model a positive outlook, encouraging and motivating staff to do the same. The leader speaks about negative issues in a way that followers are able to learn from

them, is non punitive, and may even use light moments to foster teamwork (Yukl, 2013).

Successful nurse leaders are aware that followers are always watching how they behave and react to various situations, thus they are quick to react when they are confronted with unethical and immoral behaviour. They not only consider their patients but also their followers, and act to ensure that a climate of fairness and honesty prevails. They are not selfish and will make personal sacrifices to ensure the wellbeing of subordinates (Yukl, 2011). In the study conducted by Blosky and Spegman (2015), the majority of respondents agreed that they expected their leaders to discuss problems with them, include them in decision making, display trustworthiness and accountability in their leadership roles and treat them fairly and with respect.

Maxwell (2015) identified five levels of leadership as: position, permission, production, people development and pinnacle. It is essential that care forms a part of each of the levels. Position refers to the legitimate power that the leader has. Permission is the authority the leader has to delegate tasks to subordinates. Production refers to the leader's responsibility in getting the job done successfully while people development is the leader's responsibility to ensure that succession planning is incorporated into the daily work life. The pinnacle is the highest point achieved by successful leaders. Operational goals are achieved by a coherent workforce led by successful leaders. True leadership is concerned with influencing employees and developing lifelong learning and action; leaders show others that they care and will help them succeed. If a leader cares only about position then their attitude is one of entitlement, which alienates employees and leads to high turnover rates.

Leaders that care for subordinates and not only position display integrity, which is defined as a belief among employees that the organisation lives its values and that the norms are upheld, leading to a relationship of trust (Dromey, 2014). The majority of participants in the research conducted by Blosky and Spegman (2015) described a leader as someone who is a role model, who is available when required, respects and cares for others and who is accessible, approachable and responsible. This type of leader leads to an increase in nurse and patient satisfaction.

2.7.3 Evaluating information

The process of evaluating information requires leaders to:

- Constantly look for information from a variety of credible sources.
- Make decisions, enhance creativity and bring about successful change.
- Ensure that all providers' needs are considered and evidence-based solutions are implemented.
- Keep updated about current happenings that affect them and the organisation directly.
- Consider all appropriate information without discarding what they think will make life complex.
- Seek to enhance performance and clinical outcomes.
- Challenge employees daily.
- Be aware of their capabilities and interests and delegate tasks accordingly (NHS, 2013)

Leaders utilise quality data in decision making and evaluate all possible solutions. Effective leaders realise that there is value in consulting various sources before making decisions. They focus on the facts and allow engagement from all parties (Dewitt, 2010). The entrepreneurial leader checks at intervals that followers understand what is required of them and the benefits of mutual teamwork. The activities of team members are aligned so that the combined efforts achieve organisational success. Problems that have been identified are dealt with timeously and realistically with the aim of ensuring that work processes continue smoothly (Yukl, 2013). Supportive leaders understand what resources are required to perform the job successfully and make every effort to ensure that these resources are available. They provide the necessary motivation to acquire resources that are necessary to enhance the performance of the organisation. They pursue well-reasoned arguments to support their decisions that are made using critical thinking (Yukl, 2011). Leaders must anticipate the needs of their customers, both internal and external, with the aim of delivering a high quality service. Leaders must be entrepreneurs actively looking for new opportunities to grow and develop the organisation, and assist in maintaining a competitive advantage. Leaders must apply analytical problem solving skills, have technical credibility and business acumen (Campion et al., 2011). Leaders are sound decision makers; they gather the

necessary information and make informed decisions. Leaders are reliable role models and are aware that subordinates are in a position to observe their behaviours and actions (Sharma and Jain, 2013).

Leaders must possess abilities in cognition, which is the ability to think critically and creatively, solve problems using divergent thinking, operate with strategy in mind, and analyse numbers. Their functional competencies include language and communication skills, IT skills, managerial skills, decision making skills, and career planning skills, while their individual and interpersonal skills include directing the self, possessing emotional intelligence, mobilising team efforts, and displaying trustworthiness, integrity, moral conduct and good behaviour (Probert and James, 2011). Leaders build on their knowledge but also use this knowledge as evidence to support their decision making. They utilise knowledge as a weapon to challenge the status quo, change processes that are not producing the desired outputs, and improve overall service delivery. Best operating practices are a result of acquired knowledge that is analysed and results in an evidence base to justify the reason for the change of practice (Auer, Schwendimann and Koch, 2014). Leaders have conversations to make decisions, preferably drawing on multiple resources; they do not take action based on assumptions, but rather gather information and ask questions (Ibarra, 2015).

2.7.4 Connecting the service

Leaders that connect the service ensure that the multidisciplinary team involved in the patients care work harmoniously and seamlessly together to achieve optimal clinical outcomes and customer satisfaction. They take the time to learn how the different services work together to achieve a common goal. They conceptualise how different people have to complement each other and the consequences if this does not happen (NHS, 2013). They also have a broad understanding of how other services function and the culture within which these services operate. They do this so that their values and risks can be aligned to the organisation and so that teamwork is enhanced. They are instrumental in mitigating risks to patients and service providers (NHS, 2013).Nurse leaders must recognise that success is achieved by teams and not certain individuals, and certainly not as a result of the leader alone and the multidisciplinary team must work together to ensure optimum clinical outcomes in the best interests of patients (Cavazotte, Moreno and Hickmann,

2012).Leaders who network and partner with relevant people make the organisation more productive. A successful leader embraces diversity and teaches employees creative ways of working with each other (Adair, 2010). Effective leaders hire talented people but realise that to get the best out, they have to bring people together as a team. Leaders motivate people to make a mind shift from a “me” to “we” mentality. By bringing people together, people are forced to recognise each other’s humanity and get along (Williams, Parker and Turner, 2010).

Successful leaders create an environment of trust and support and ensure that team members inspire one another and share in challenges and difficulties. They provide a climate where people feel free to discuss their issues and get support from colleagues; team members celebrate each other’s achievements and encourage the team to contribute to the success of the group. Mutual respect and trust are qualities that are role modelled by leaders and are visible in followers who are able to deal effectively with conflicts that may arise. Team members display an eagerness to complement each other because the leader is the force behind this type of behaviour (Yukl, 2013). Errors are dealt with in a manner where followers do not feel demeaned and reprimanded; rather they are able to learn from them and improve the quality of service they provide. The strategic leader makes time to review goals and evaluate the progress towards them so that followers and other teams involved in core outputs are always aware of what needs to be done (Yukl, 2011).Leaders have to perform certain functions, i.e. defining a task; developing a plan; communicating the plan to employees while inspiring them to achieve; effectively engaging people, time, money and other resources; supporting the values of the organisation; ensuring continuous feedback between team members; and developing and measuring the levels of performance against pre-set criteria (Adair, 2010). Promoting interdisciplinary collaboration and the sharing of resources assists everyone to work toward common goals (Green and Gell, 2012).

Leaders must have knowledge of what is happening in similar organisations outside of their own work environment. They are open to change and flexible in their approaches to problem solving by involving all role players that influence clinical outcomes. They consider the wellbeing of the organisation for the long term by setting strategic goals and ensuring that teams do not work in isolation but work synergistically to complement the service. Leaders inspire others to follow the vision

and share plans to achieve goals and objectives (Bernotavicz et al., 2010). Leaders ensure that the multidisciplinary team is aware of operational goals as most times these goals cannot be achieved by nursing staff alone. They include interdisciplinary team members to participate in important discussions regarding patient care and clinical outcomes. Research conducted by Bakar and Connaughton (2010) revealed that safer clinical outcomes are achieved when members of the multidisciplinary team are involved in the plan of action to address clinical risks.

2.7.5 Sharing the organisation's vision

Sharing the organisation's vision comprises the leader articulating an optimistic vision and communicating this to followers in a way that appeals to them. They therefore feel that the vision can be fulfilled rather than something that is farfetched and unrealistic. In creating a positive picture of where the organisation is heading, the leader ensures that everyone is aware of what needs to be done and the path that the team is taking to get there (NHS, 2013; Dickson, 2012). The leader thus has to develop a compelling picture of the future for the organisation and develop a plan to achieve the vision. This demands not only effective communication skills but also managerial skills, as it involves mobilising the human resources to get the work done (Curtis et al., 2011).

Leaders identify the organisation's aims and purposes, and then get their employees on the path to achieving these. Leaders develop a strategy that is simple, flexible and easily understood by all, which fits into the vision, values and purpose of the organisation (Adair, 2010).Esprit de corps is created in organisations where leaders collaborate on such a level with employees that there is a cohesiveness that binds all employees together. True leaders look to the future; they realise that leaders are made, not born; therefore they develop successors by creating an organisational leadership plan and provide employees with leadership training. They understand that leadership is directed from the inside and that experience and knowledge are vital to their leadership roles (Adair, 2010).Effective leaders share the organisations vision with the team, ensuring that all employees know what needs to be achieved, by when it needs to be achieved and how it needs to the achieved. Organisations that have strong leadership capability have shown increased shareholder profits, while the opposite is true of organisations with weak leadership capability. Effectively

led organisations also have a competitive edge over other organisations in the same sector (Roebuck, 2011).

Sherman and Pross (2010) were of the opinion that leaders also influence subordinates and move them toward the attainment of goals through communicating a clear and achievable vision. Cunha et al., (2013) agreed that in time followers can display independence in pursuing operational goals because the leader has been clear from the outset as to what needs to be achieved and the reasons for achievement of goals. Martins et al., (2014) undertook a qualitative study to ascertain the benefits of a shared vision as an essential element of leadership behaviour. They found that a clear vision helped to inspire a shared commitment among leaders and their teams. Firmly entrenched visions lead to a culture of safe, high quality patient care. Martins et al., (2014) concluded that a vision gives meaning to leaders and their teams, and allows them to focus their energies on the goals. Leaders draw on their own intelligence but also on others' experience and knowledge; these types of leaders retain and attract talent and achieve outstanding operational results.

Visionary leaders are compelling and ensure that their followers follow them willingly and are aware of what is required; they are always a part of the action and are fully engaged and committed to success. This allows followers to be energised and work with enthusiasm because they know what needs to be achieved. Leaders must possess strong skills which allow them to excel in communication; they are able to handle people, develop strategy and lead people effectively and efficiently (Ham, 2013). Leaders need to inspire followers by providing purpose and demonstrating courage, excellence, resolve, empathy and integrity.

Goals must be clear and aligned to the organisation's values, as leaders are accountable for outputs, decision making and their actions. Their principles are never compromised; they are competent, committed to excellence and maintain high personal and organisational standards. The vision drives the strategy of the organisation and leaders must possess certain qualities to drive the vision. They must:

- Create a competitive edge by knowing what their customers want.
- Display creativity and in turn foster employee creativity.

- Make courageous decisions and take measured risks.
- Prioritise daily and lead others to focus on one task at a time.
- Commit to excellence and ensure that employees share this commitment (Kazmi and Naaranoja, 2013).

Doody and Doody (2012) surmised that leaders who share the vision regularly keep employees focussed on goals. They spend their time and efforts constructively by engaging in activities that bring them closer to goal attainment, display creativity in their work and have a willingness to be more flexible in their patterns of work. A leader who communicates the vision clearly to employees promotes collaboration and recognition, as employees tend to feel more confident and therefore more committed to organisational goals (Martin et al., 2014).

2.7.6 Ability to engage the team

Engaging the team includes ensuring that all subordinates are involved in the process of goal achievement, with the leader communicating the importance of their efforts in providing exceptional customer service. Subordinates are aware that their work is valued, thus they are inspired to be more productive, pay attention to detail, and deliver a seamless service (NHS, 2013). Jiang (2014) conducted a study to determine if project success is influenced by leadership style, concluding that leadership attributes of communication, collaboration, motivation, recognition, self-awareness and management of resources are essential to project success as these attributes directly cause an increase in employee engagement. Effective leaders meet one on one with employees and gather people around them that they can use as advisors. They also ask for and consider others' opinions, and get advice from suitable people before making decisions. Successful leaders recruit people who are smart, passionate and diverse to be on their teams, as people who challenge their opinions often give them innovative ideas and opinions (Shaw, 2014). Effective leaders consider and listen to their teams' ideas and build this into the strategy; if employees see their input into plans, they will be more efficient in achieving objectives. Involved leaders make things happen, as they allow freedom to those who are competent to do the job but facilitate the working together of people (Adair, 2015).

Gunderson, Hellesoy and Raeder (2012) argued that good leaders learn a lot from the people they lead if they ask the right questions, and they never underestimate the value of employee contributions. These leaders foster employee engagement. Employees that are engaged with the organisation work productively to achieve the goals. They draw on their own experiences and professional capabilities as well as those of their colleagues to add value to the organisation. They ask about what both the organisation and employees require and align the strategy accordingly. The study conducted by Blosky and Spegman (2015) concluded that nurse burnout is not always related to nurses being overworked; poor communication, teamwork, lack of engagement and poor leadership also contribute. The participants craved effective leadership and inclusion in decision making, describing effective communication as mutual trust and respect between them and the leaders (Blosky and Spegman, 2015).

2.7.6.1 Goal setting

Setting clear goals is considered by West, Lyubovnikova, Eckert and Denis (2014) as an essential part of engaging the team. Leaders ensure that all team members are clear on the measurable goals that need to be achieved, and in fact are involved in goal setting. The leader is instrumental in creating an atmosphere where the members agree and collaborate on the goals, and drives the commitment of team members, ensuring that tasks are delegated appropriately. Time is taken out to review progress towards the goals. The team leader encourages an attitude of creativity, humour and optimism while maintaining high levels of employee engagement (West et al., 2014).

2.7.6.2 Teamwork

As per Murugan (2011), leaders develop team work, recognise each individual's ability, and direct them to suitable roles; the leader represents the team and serves as the connection between management and team members. Leaders use their power appropriately as the situation requires, and they secure group effectiveness by rewarding team members for efficiency and capability. They further understand and use strategic plans to accomplish the desired outputs, and ensure that all team members are clear on what needs to be done. Team success and collaboration are driven by leaders who are able to clarify roles, delegate responsibility and manage

conflict. A leader manages and drives employee performance by setting goals, providing resources, giving constructive feedback and remaining accountable for outputs (Auer et al., 2014)

Competent leaders are genuinely concerned about staff as individuals, and they allow them to participate in decision making so that they develop as individuals. They do not discard ideas generated by team members, but rather make efforts to utilise these ideas where possible. They are never too busy to listen to team members and have genuine conversations around challenges that they may face. They speak about their achievements to other services, promoting teamwork and valuing the contributions made by their employees. This leads to an engaged team that will deliver on results (Watson and Reissner, 2010).

2.7.7 Ability to maintain accountability

The leader does not dictate what the goals must be; rather, there is a discussion and consensus around goal setting. In this way, team members are held accountable for the outputs and achievement of goals. The leader monitors the progress toward goal attainment, communicates this to team members, and encourages them to be responsible for what they produce. The leader applauds good performance and allows members freedom to manage their own work (NHS, 2013). Accountability is two-fold. Leaders are overall accountable for the outputs and employees are accountable for work that is delegated to them. Effective leaders also use their judgement in decision making and realise that they are accountable for their decisions (Shilpa and Jain, 2013).Accountability is defined as being answerable to the senior management of the organisation for decisions that are made and outputs that are achieved or not achieved. Leaders are therefore answerable for their acts and omissions and ensure that employees are also accountable for their actions (Brockbank, 2012).Effective nurse leaders maintain accountability for their actions at all times by regularly evaluating the progress made toward goals. They ensure that subordinates maintain accountability by communicating the reasons for non-achievement of goals (West, 2014).

Essential competencies for leaders to maintain accountability includes interpersonal skills and the ability to communicate purposively, clearly and with integrity. Leaders must behave fairly, ethically and with honesty at all times. Doody and Doody (2012)

surmised that leaders who display transparency in the form of honesty, openness and authenticity can be trusted by employees, adding that an optimistic leader enables his employees to learn from their mistakes and work with a degree of accountability. Blosky and Spegman (2015) were of the opinion that clear communication heightened accountability. When employees are clear on what needs to be achieved, the leader can hold them accountable for their outputs. If the communication is unclear or ambiguous, then the leader assumes accountability for goals that are not achieved. Leaders that are accountable assume responsibility for their own learning and development, thereby spurring others under their leadership to do the same (Kelloway and Barling, 2010).

Accountable leaders strive daily to become better leaders. They utilise every opportunity to develop themselves, commit to the strategy and face the consequences of their decision making. They understand that leadership is directed from the inside and that experience and knowledge are vital to their leadership roles (Adair, 2010). Leaders must display external awareness by keeping abreast of local, national and international policies affecting their organisation, as well as other external influences. This will assist them in maintaining accountability as it provides sound reasons for decisions that are made in this regard. Mature leaders maintain accountability and encourage their staff to do the same. They do not make excuses for poor work output but rather provide sound and rational arguments for why outputs were not achieved. They display maturity in accepting their mistakes and the mistakes of the team (Miller and Dalglish, 2011).

2.7.8 Developing capability

The healthcare leader ensures that team members have the skills and abilities to perform the job at hand, equipping them to handle foreseeable difficulties in a dynamic healthcare environment. By making an effort to develop themselves, a leader acts as a role model and inspiration for team members to follow suit; they have a formal plan for personal growth and attend professional conferences. Leaders are not threatened by staff who want to develop themselves, but rather encourage such development so that the needs of the organisation are met. When the team is confronted with failure, the leader uses this as an opportunity for development (NHS, 2013). Effective leaders choose the right attitude, priorities and relationships, and keep abreast of leadership developments while ensuring that the

team is also kept updated with current happenings in their field of expertise (Maxwell, 2015).

Leaders that develop capability within the organisation lead the organisation toward success (Maxwell 2015). Leaders must accept that there are certain things they do not know. Insecure leaders fail to empower others because of a fear of being overshadowed, while secure leaders empower others and a succession plan to ensure the future of the organisation is secured(Haber-Curran, Allen and Shankman 2015). Capable organisations are made up of a host of role players that contribute to achievement of goals. Although the leader builds capability, he/she is not solely responsible for success. Succession planning is a key leadership function in developing capability. By succession planning, a true leader strives to leave their legacy behind by developing effective leaders that will replace them (Green and Gell, 2012).Successful leaders are perceptive; they sense information about others without words being used, and they develop skills around finding top talent, nurturing such talent; coaching, mentoring, training and engaging people; and planning succession (Sharkey, Razi, Cooke and Barge 2012).Effective leadership demands that the leader considers the future of the organisation and participate actively to ensure that employees are well equipped to perform their jobs (McCleskey, 2014).

The effective leader engages in a combination of task and relations behaviour to develop the capability of people in the organisation. They persuade employees to understand the value of development and then plan development strategies that will benefit them (Yukl, 2011).

Supporting and coaching employees and giving timeous feedback are factors that increase engagement. Goals must also be clear and concise and reviewed more than just at the end of the year. This ensures that individuals engage in continuous development rather than only when performance appraisals are conducted (Bersin, 2015). Cunningham (2012) and White (2012) concurred that clinical leaders facilitate and sustain healthy working environments by developing and growing people to become better versions of themselves. They accomplish this by identifying candidates for succession planning and enrolling them in programmes that will develop their competencies. Leeson and Millar (2013) and Caldwell (2012) agreed that clinical leaders need to identify the strengths and weaknesses of subordinates and make effective plans to develop their competence in the field. They also need to

communicate effectively with employees and outline the areas that require development. Transparent leaders promote the willingness of staff to develop. Bimray and Jooste (2014) stated that leaders must self-lead, provide support and take the lead to ensure competence in nursing practice and value other team members' contributions. Nurse leaders must possess the knowledge and skills related to the profession. They must be self-directed in fulfilling their learning needs and keep abreast of latest developments in their profession by belonging to professional associations (Bimray and Jooste, 2014).

Bakar and Connaughton (2010) were of the opinion that successful managers get things done with and through others. Leaders spend their time creating strategy, developing alliances and putting the organisation in a position to compete. They succession plan their people, creating opportunities for development. They also motivate for the resources required for operational efficiencies and manage these resources (Groves and Feyerherm, 2011). Good leaders stay abreast of changes in technology and ensure that employees are also developed in this area. They understand that the organisational climate is dynamic and to maintain a competitive advantage, employees must be well versed in technological advancements applicable to the industry (Ulrich, 2015). Coaching is an important leadership competency that builds organisational capability, however for coaching to be effective, leaders must adopt a solid coaching habit where employees are able to handle their responsibilities on their own, prioritise their workload and become confident to carry out the work required. Leaders must engage in effective coaching conversations with employees; successful coaches nurture and grow a sense of curiosity and remain consistent in their coaching approach (Stanier, 2016).

Shirey (2015) argued that if nursing leadership is to be successful in these challenging times, leaders must be flexible, energetic, opportunistic and incorporate strategic agility into their leadership styles. American Organisation of Nurse Executives (2011) defined strategic ability as being able to adjust strategic direction to create new business models and innovative ways that create value for the organisation. Strategic ability goes beyond strategic management as it considers the dynamics of the marketplace. Shirey (2015) concluded that strategic agility is a key leadership competency that can be developed and will give organisations a competitive edge. Although these competencies are important, Clark (2012) and

Falter (2012) added that there are other competencies that leaders should possess, including tertiary education at doctoral level, being skilled in nurturing and developing relationships, being familiar with transformational leadership, and being emotionally intelligent. These skills, together with resilience, contribute to building organisational capability. Healthcare leadership success has been attributed to having skills that allow leaders to tackle the challenges in a changing healthcare environment. Such leaders concentrate all their efforts on a task while dealing with conflict and any issues that may emerge. They view conflicts as opportunities to learn and be creative, and are brave (Patton, 2012).

2.7.9 Influencing for results

Leaders have a positive effect on team members by identifying and discussing their issues, challenges and developmental needs. They get the relevant services to work together harmoniously while understanding the pressures confronting each other. They recognise and accept that individuals need to be managed differently and that teamwork is a priority if organisational goals are to be achieved. They engage all services when setting goals, utilising resources or determining what is important by forming strategic networks between services (NHS, 2013). An effective leader communicates how decisions will be made and who will be involved in decision making. This leader stands by difficult decisions by informing employees why these decisions were made. An effective leader is able to plan in advance utilising appropriate resources and is accountable for plans made. This type of leader is able to network to accomplish the objectives of the institution. They develop relationships that are mutually beneficial to others and gain the trust of others by actively listening to others points of view (Baker, Marshburn, Crickmore, Rose, Dutton and Hudson, 2012).

Incompetent, untrustworthy and insecure leaders cause employees to leave the company because of unwillingness to discuss issues and challenges, listen to the viewpoints of others and develop employees. Successful leaders take on challenges in a positive way, as they realise that these are the moments to make their mark as a respected, credible leader who is able to take calculated risks. Effective leaders utilise time and energy to build relationships with employees. Experience is valuable, but what a leader learns from the experience is invaluable. Leaders make choices in

line with their values. True leaders earn influence over time; they realise that in the process of leadership some things are gained and some are lost. Brave leaders are secure leaders. They realise that everyone who starts the journey with them will not end it with them (Maxwell, 2015). West (2013) concurred that if healthcare leaders want to create a culture of safe, high quality care, then they must set clear goals and ensures that everyone understands them. Leaders strategise and formulate goals, communicate the vision and the values, inspire and foster teamwork, are a part of the team, and are representative of the team.

Merrill (2015) stressed that leadership should be more concerned with garnering different viewpoints rather than reaching consensus. Gooch (2012) argued that successful leaders allow their vision to be challenged, rather than receiving blind and uninformed acceptance of it. Grint (2010) remarked that the best decisions are made when the leader consults with the team first. These decisions are more readily accepted by the team and the implementation thereof is easier. While the focus was on nurse leaders in a formal position of authority, Wisniewski (2012) was of the opinion that all nurses are leaders in the course of their profession and therefore all nurses require development in a leadership role. Nurses' exhibit creativity and innovation in problem solving as the needs of the patients varies. They share knowledge with junior co-workers, who often role model what a senior nurse does. They challenge the way things are done, especially when it has potential to harm a patient. They make sound decisions and are patient advocates who are not afraid to speak for the patients' best interests, therefore leadership development is crucial if nurse leadership is to be effective (Zydziunaite, 2011).

As per O'Peterson and Peterson (2010), research was undertaken on university students registered for a leadership course, who were expected to complete a questionnaire on managerial leadership. They identified eight managerial leadership behaviours as being critical to leadership success: credibility, initiates problem solving, is courteous and respectful, develops a united work force, gets team members excited about work, communicates work activities and keeps employees updated about relevant happenings. Bimray and Jooste (2014) agree that these leadership behaviours are crucial to nurse leaders and every effort must be made to develop leadership effectiveness in the field of nursing. According to the NHS (2011), leadership has a vital role to play in patient clinical outcomes and patient

safety. Hardacre (2011) identified key leadership behaviours that contribute to safe clinical outcomes; these leaders embrace change management by persuading subordinates to adopt the change that will be beneficial to them, talk about the future in a manner that staff find appealing and achievable, and have a firm understanding of staff abilities, strengths and developmental needs.

Certain characteristics stand out as making nurse managers successful in leadership roles, i.e. decisiveness, intelligence, honesty, optimism and upholding values. The inability of certain leaders to uphold values is a contributing factor to unsuccessful leadership (Smokler and Malecha, 2011). As per Gilson and Daire (2011), values are an important part of a leader's mindset. Values guide decision making and the leader is perceived as a role model based on the values he/she displays. Managers at every level of both the public and private sectors are leaders and must uphold organisational values while maintaining honesty, integrity and trustworthiness (Gilson and Daire, 2011). Issa and David (2014) commented that Africa needs visionary leaders who have wisdom, organisational skills and the capacity to organise. Leadership should also embrace integrity, honesty and honour so that the mistrust and suspicion that is rife among Africa's people can be erased.

Collinson (2012) was of the opinion that visionary leadership is powerful and carries the most influence over followers. Bhatti et al., (2012) agreed that the charisma and reputation of a visionary leader has a positive influence on organisational performance. Martin and Learmonth (2012) argued that charismatic leadership may not always be effective in a healthcare environment as stringent rules and regulations need to be in place to ensure patient safety. They stress that there is no room for error in healthcare and employees need to do what is right the first time round. Leaders become leaders from the outside in, which is considered insight (Ibarra, 2015); they develop leadership competencies from the outside but develop motivation and self-awareness from the inside. When people act as leaders, people view them in this light. People who aspire to be leaders must internalise the leadership identity and find every opportunity to behave as a leader. The outsight principle suggests that leaders act first- developing their networks, adopting new projects and utilising different ways of doing things. Thinking and introspection come after action, which helps leaders to get rid of old habits and the usual way of doing things, delivering creativity, fresh approaches and innovation (Ibarra, 2015).

Leaders make hard decisions, take responsibility for their decisions, actions and goals, and accept employees for who they are. Good leaders trust their employees and do not micro manage them. If employees trust their leader, they will follow the path that leads to goal achievement. Leaders identify employees with integrity, problem solving skills, vision, communication, creativity, passion, teamwork, servant-hood, attitude, confidence and self-discipline to mentor as future leaders (Maxwell, 2015).Successful leaders work through their fears and insecurities. They develop a knack for recruiting and hiring the best people for the job. It is also necessary that people are assessed for cultural fit before they are employed in an organisation Leaders use both good and bad experiences to mentor employees (Maxwell, 2015).

Leaders must possess certain interpersonal skills to lead a workforce productively and effectively. They must possess integrity, transparency, openness and authenticity. Integrity is defined as a belief among employees that the organisation lives its values and that the norms are upheld, leading to a relationship of trust (Dromey, 2014). Stander, De Beer and Stander (2015) surmised that leaders who display transparency in the form of honesty, openness and authenticity can be trusted by employees. Trust is a crucial element in a healthy organisation and directly leads to higher levels of employee motivation.

Relationship management includes facets like change management, inspiring others, conflict management and team building. The American Association's scope and standards for nurse administrators stipulates certain emotional intelligence competencies that are essential to good nurse leadership. These include leading customer service, acting ethically and with integrity, displaying honesty, transparency, facilitating conflict situations, coaching, mentoring, performance management and improvement, and a commitment to excellence. The core competencies for leadership success are self-awareness, self-confidence, emotional self-control and empathy (Taft, 2012).

Table 2.7: Leadership capabilities

Dimension	'What'	'How'	Effect on the team
Leadership capabilities	This entails attaining goals and objectives by implementing strategic plans. Everyone must be clear on what needs to be done and what needs to be achieved. Targets for service standards must be formulated, with emphasison commitment and quality. Efficient use of resources must be a priority, with plans formulated to ensure this happens.		Motivation, job satisfaction, strong sense of team effectiveness.
Visionary leadership		Visionary leaders paint a clear picture of what can be achieved in the future. Have knowledge of what investors require and what is important to them. Build a team that is motivated as a result of a determined and inspired leader.	Significantly positive effect on motivation, and on a healthy mental and physical psyche. Achieves a sense of satisfaction from work. Work related frustrations and stress are decreased.
Engaging with others		Displaying genuine care for subordinates. Entrusting staff to	Significantly affected all areas of positive perceptions to the working

		make decisions that is within their capability. Considering the team members opinions and utilising them as far as possible. Dealing head on with issues despite a hectic schedule. Being available to staff and providing the necessary support by being coach and mentor. Influencing staff to be a part of the team and taking ownership of outputs. Rewarding and recognising contributions and successes and communicating this to stakeholders.	environment. And physical wellbeing. Teamwork is enhanced.

Source: Watson and Reissner (2010)

2.7.10 Communication is at the cornerstone of leadership

Effective leaders possess core communication skills, including interpersonal, verbal and written communication, active listening, giving and receiving feedback, and conflict and negotiating skills. Team communication skills include management by walking around (MBWA) and facilitating meetings. Poor communication disconnects managers and employees and when managers are out of touch with employees, they are also out of touch with customers. Strategic and external communication includes statements of vision, mission and values, knowledge management and external relationships. Effective leaders make use of a variety of methods to ensure that their communication is adapted to the needs and levels of understanding of the workforce (Miller, 2012).Tourish (2013) concluded that effective communication is a cornerstone to sound leadership since goals can only be achieved if employees have

a firm and clear understanding of what needs to be achieved. Leaders acknowledge that everyone has solid information, valuable expertise and good ideas. Good conversations between employees and leaders have long term benefits of aligning leaders and followers. These conversations help in problem solving and decision making (Avolio, Avey and Quisenberry, 2010). True leadership conversations involve providing vision, inspiration and direction to others, developing the management skills and emotional intelligence of others, reaching out to external stakeholders, and assessing and responding to the changing world (Squires, Tourangeau and Laschinger 2010). True leaders are self-aware and realise that their actions and tactics affect other people; therefore they communicate honestly and take every opportunity to fill people in about what is expected of them when and how, and the progress of such expectations. They create an environment where team members are not afraid to ask difficult questions or discuss their honest opinions (Ham, 2013).

In healthcare environments where communication is clear, people are treated respectfully and are able to ask questions, promoting quality patient care and professional development (Blosky and Spegman, 2015). Communication is an important leadership quality that a nurse leader must possess, as clear communication is essential in all aspects of the job (ANA, 2013). Ethical practice is part of the framework that the nurse leader works in, thus the characteristics of honesty, integrity, responsibility and accountability are imperative for him/her to perform successfully in the role (Brown and Mitchell, 2010). ANALi demarcated leadership into leading self, leading others and finally, leading the organisation (ANA, 2013).

Kourkota (2014) stated that communication is a vital part of all activities in nursing. Hurley and Brown (2010) added to this train of thought by emphasising that effective communication is key to building relationships between nurses and patients, as well as nurses and fellow colleagues. The study concluded that the ability to motivate, communicate and build teams are all essential competencies for a leader at all levels, however the degree to which it is required at the different levels of management differ; the leader at top management needs a higher ability to motivate, communicate and build teams. The majority of respondents agreed that teamwork promotes a healthy work environment and that the leader is instrumental in building teamwork. It is the responsibility of the nurse leader to uphold professional behaviour

and ensure that the team does the same. Leaders must be role models for commitment and staff engagement (Blosky and Spegman, 2015). Jooste (2014) implied that being a leader means taking the lead over others, providing support to members, valuing and recognising their contributions, driving them toward goal attainment and communicating clearly at all times. He further stated that these are also the qualities displayed by a self-leader.

Autonomy, knowledge, applied skill and proactiveness are key leadership qualities, but effective communication skills has been rated the most important competency a leader should possess. The importance of communication must not be underestimated as it forms the cornerstone for effective leadership (Cohn, 2015).

2.7.11 Caring and resilience are crucial competencies for effective leadership

Dyess et al., (2015) asserted that resilience and caring are the two most crucial competencies for effective leadership. Caring is a humane, genuine tendency to display compassion to team members and others in the working environment, while resilience is exhibiting a positive response to adversity. Study undertaken by Dyess et al., (2015) on nurse managers concluded that caring for the person, knowing how to take care of self, growing and developing teams, creating a framework within which to work, being answerable for actions, sound decision making, challenging the status quo, finding meaning, embracing humanity and reflection are practices that support care and resilience.

Cline (2015) described resilience as the ability to survive and grow in times of adversity. Shirey (2015) defined 'resiliency' as the ability to bounce back from difficulties while maintaining a balance between personal life and work life while Stagman-Tyler (2014) defined resilience as persistence, self-control and having hope, even when times are challenging. The healthcare environment is dynamic and the pressures on healthcare are increasing, which requires nurse managers to build up the skills of resilience in order to survive these changes. Cline argued that although resilience is an innate personality trait, it can be developed, mentored and coached. Bamford et al., (2013) stated that effective leaders have vigour, which is characterised by high levels of mental resilience in the face of adversity. Resilient nurse managers are confident and influence subordinates to react creatively and energetically in adverse situations. They also ask for and accept feedback graciously

and use subordinates' suggestions effectively, gaining their respect. Resilient leaders display tenacity and vision in the face of adversity (Stagman, 2014).

Jackson and Daly (2011) stated that transformational leaders appear to display the most resilience in challenging times and are able to make humane decisions. Resilient nurse leaders use their energies to facilitate the development of effective and sound relationships, build beneficial networks, maintain positivity, have emotional insight, achieve life balance and spirituality, and be reflective thinkers. They also establish sound and healthy relationships with others are optimistic about the future, display emotional maturity, maintain a balanced work and home life and reflect on their experiences to develop their capability.

2.8 Benefits of effective leadership

Garubba et al., (2011) explained that effective clinical leaders influence their followers to achieve clinical outcomes. They motivate and support employees toward the strategic goals of healthcare and firmly lead followers to live the vision of safe healthcare. Dawson et al., (2011) added that when healthcare workers feel well led and are satisfied with their leaders, the patients report that they have experienced high levels of care in terms of friendliness and compassion.

Leaders create relationships with employees; once leaders develop a sense of mutual trust, respect and caring with staff, they will work toward organisational goals. Good leaders engage in difficult conversations with employees who do not meet expectations, stay calm consistently, have private difficult conversations with staff, and are thoughtful in that they are careful not to embarrass employees and give and seek feedback from employees. They give constructive feedback and accept the same in return (Maxwell, 2015).

Curtis et al., (2011) found that certain characteristics predispose people to effective leadership, including openness to managing staff, the ability to speak rationally on a subject, and the innate motivation to achieve organisational goals. The study also found that although gender did not influence leadership effectiveness, age and experience did. Leaders who spent time on the ground with team members were viewed as being effective by subordinates, whoever those that did not were seen as being ineffective. Nurse leaders benefit from practice, observation and the

opportunity to act out leadership competencies in a practical setting. An experienced team leader builds trust, relates well to others, manages conflict, promotes participation and designs meetings. Effective team leaders engage with and empower their employees and by so doing they influence for results (Watson and Reissner, 2010). A leader is defined by self-confidence and self-efficacy; they have an internal locus of control and think in self-enhancing ways. Their self-belief allows them to become effective in leadership roles for the long term (Scott and Miles, 2013).

Schein (2010) explained that senior managers influence the ethical behaviour of subordinates. Leaders influence behaviours, norms, policies and standards. Detert and Trevino (2010) affirmed that senior leaders directly influence subordinates' behaviours through direct interactions. Hannah and Avolio (2010) proposed that if leaders display ethical behaviour, followers will do the same. Scott and Miles (2014) stated that communication is a vital part of all activities in nursing. Akerjordet and Severinsson (2010) added to this train of thought by emphasising that effective communication is key to building relationships between nurses and patients, as well as nurses and fellow colleagues.

Chopra and Kanji (2010) noted that leader cognition and emotional intelligence play an important role in formulating the organisation's vision. Leaders who have these traits make vision formulation and communication simplistic, while leaders who do not turn vision formulation into a negative experience for company and employees. Brown and Mitchell (2010) were of the opinion that ethical leadership provides a voice to employees, and in so doing, improves the productivity of followers. Followers who perceive their employees as being honest, transparent and trustworthy are more likely to work with that same ethic. This also leads to a direct improvement in work performance. Issa and David (2014) argued that future leaders must be fully aware of their roles and responsibilities in leadership; they cannot afford to be unprepared or unaided in their leadership roles but leadership in Africa has to exhibit the traits of transparency, accountability, tolerance, cooperation and integrity. The research done by Issa and David (2014) concludes that effective leadership is essential to the management of people, operations and financial resources. It must have its grounds in the human factor of empathy and commitment to the goals. As nurses are socialised into the values of the profession, nurse leaders

must explore individual values and build a shared service commitment by the multidisciplinary team. Bimray and Jooste (2014) suggested that in order to do this, leaders must value each employee's contribution to the organisation.

Kelloway et al., (2012) highlighted the need for leaders to be inspirational and self-motivated. These leaders get the team members to see the wider meaning in what they do and achieve more than they could have imagined. Leaders who display resilience teach their staff to do the same; they do not shy away from challenges but rather tackle them head on and have the strength to question the status quo. Emotionally intelligent leaders view problems for what they are and use creativity and innovation in problem solving. Tamkin, Pearson, Hirsh and Constable (2010) explained that exemplary leadership is a subtle process; it is successful if it is people centred, the goals and vision are clearly communicated to employees and the leader displays the traits of emotional intelligence.

2.8.1 Increased levels of employee engagement

Bakker (2011) defined 'engaged employees' as those who are fully committed to their jobs because they have a firm understanding of where they fit into the organisation. They achieve organisational goals both effectively and efficiently. Organisations with an engaged workforce have a competitive edge. Edmonstone (2011) conducted a study on employee engagement in small and medium sized organisations in Spain, and found that trust plays a role in employee engagement; employees that feel trusted have higher levels of engagement with their organisation. Chreim (2014) explained that companies that engage in activities that empower leaders' career perceptions are more likely to develop a set of leadership skills that are not easily imitated by other companies. This gives companies a competitive edge. Furthermore, companies that regularly assess their leadership skills, i.e. leader strengths and weaknesses, are more likely to participate in direct activities that will improve weaknesses and build on strengths.

Markos and Sridevi (2010) emphasised that firms that focus solely on money and profits fuel employee disengagement. Leaders who put purpose first head organisations that are more profitable than those who put profits first. Leaders with noble purpose talk to their employees and ask pertinent questions, such as how the firm makes a difference, how it is different from its competitors, and what employees love about their jobs. Companies that prioritise employees' wellbeing and satisfaction

grow at three times the rate of their competitors, i.e. companies with a noble purpose motivate employees and serve customers best.

Markos and Sridevi (2010) agreed that more employers should spend time and effort on increasing employee engagement to improve the productivity and efficiency of the workforce. Mortlock (2011) defined employee engagement as a commitment and willingness to invest energies into assisting employees succeed. Markos and Sridevi (2010) advised that employee engagement requires leaders who clarify the vision, values and goals of the organisation. Two way communication increases employee engagement. Leaders have to make clear what is expected of their employees. Employee suggestions must be valued and taken into consideration. Markos and Sridevi (2010) concluded that companies with engaged leadership have higher employee retention and greater profitability, productivity and growth. The opposite is true of organisations that have disengaged leadership. Abraham (2012) postulated that when employee engagement levels are high, team members take a far more innovative and creative approach to work; they feel a part of the organisation and so treat the business as if it was their own, providing the organisation with a competitive edge. They display commitment and passion for their job and thus increase productivity levels. Abraham (2012) aligned engaged employees to the levels of job satisfaction they experience, while Anitha (2014) argued that that leadership is a key determinant of engagement. Other determinants were co-worker relationships, development, training and compensation.

Abraham (2012) agreed that increased rates of employee engagement lead to increased rates of satisfaction with leadership and productivity. According to Nair and Gopal (2011), good leadership is essential in building an environment where engagement is fostered. Nair and Gopal added that creativity and innovation are precipitated by good leadership and a coherent organisational culture. Anitha (2014) and Sundaray (2011) agreed that leadership and organisational culture influence the level of emotional intelligence within an organisation, while Bamford et al., (2013) argued that engaged employees are imperative to the effectiveness of all institutions. They identified four enablers that foster engagement, namely strategic narrators, engaging managers, employee's voice and integrity.

Bamford et al.,'s (2013) workplace employment relations study revealed that employees in the private sector have higher levels of engagement than those in the public sector. While women scored higher on the enablers than men, the older employees scored lower than their younger counterparts. Organisations where senior managers provide a forum for employees to voice their opinions and where employees are provided feedback showed increased levels of engagement. The report also linked higher levels of employee engagement to increased productivity and financial gains; therefore it is a worthwhile investment for companies to measure employee engagement, identify any gaps, and put in place plans to address those gaps (Dromey, 2014).Although employers may ask for employees' views, a small percentage actually uses those views to make decisions.

Communication enhances engagement and should be face-to-face where genuine dialogue is encouraged rather than over email, where communication tends to be more impersonal and one-sided. Abraham (2012) explained engagement as a combination of attitude and behaviour; it is a commitment to go the extra mile when the need arises. Anitha (2014) backed up research conducted by Bakker (2011) and Dromey (2014), who concluded that increased rates of employee engagement lead to increased rates of productivity, performance, customer satisfaction, retention, and innovation and employee wellbeing.

Employee engagement is not only stimulated by monetary means. A simple thank you releases chemical hormones in the body, leading to an increased feeling of satisfaction. Although employees will not be promoted every year or even every second year, they still put emphasis on developmental opportunities. In order for engagement to reach its full potential, organisations must focus on the leadership that is portrayed by the organisation (Bersin, 2015).

Bersin (2015) revealed that in order to attract and retain talent in this competitive business world more companies are focussing on employee engagement, yet organisations appear to be facing challenges in improving their levels of staff engagement. Gallup's 2014 research into employee engagement revealed that only 13%of employees displayed high levels of employee engagement, while 26%were not engaged with the organisation. In 2014 Glassdoor carried out similar research, concluding that 54% of their employees would not recommend them as a company

to work for. Further, two thirds of employees believe that their employers must provide development opportunities if their skills are to be retained (Bersin, 2015).

Organisations need to define engagement and what it means to them, and they need to utilise a realistic, measurable tool that allows them to accurately measure employee engagement and identify the areas that require improvement. The human resource department must be involved in the process of employee engagement. Five elements have been identified as factors that drive engagement (Bersin,2015): meaningful work where employees have the autonomy to do the work they are employed to do; hands-on management where there are clear goals set and management invests in employee development; a positive work environment where employees are rewarded and recognised for jobs well done; growth opportunities where suitable employees are developed to management potential; and trust in leadership where the mission and purpose of the organisation is clear and leadership is honest and transparent. Well aligned goals have also been shown to increase engagement. Organisations that have increased their level of employee engagement have invested substantial amounts of resources into leadership development (Anitha, 2014).Research undertaken by Bakker (2011) revealed that employee engagement was a key factor in achieving organisational success and that an increase in job satisfaction led to an increase in employee engagement. Storey and Holti (2013) commented that when healthcare staff are engaged with their organisations, patient mortality statistics, absenteeism and overall adverse incident rates is low, and the reverse is also true.

Engaging managers make things clear, appreciate employees' efforts, treat people with respect, and ensure that the work is organised in such a way that workers feel appreciated (Dromey, 2014). Employee's voice is not only about listening to employees' opinions and concerns, but also about encouraging them to voice their concerns and opinions. True leaders achieve operational goals while keeping the workforce happy and enhance their credibility amongst employees and employers. When leaders produce exceptional results, their levels of self-confidence increase, leading to an increase in employee morale and engagement (Maxwell, 2015).

Transparent and honest leaders drive engagement. Leaders who invest in people, develop people and genuinely care for people have shown decreased turnover rates,

greater customer satisfaction and greater profitability than their peers (Bersin, 2015). True leadership is concerned with influencing employees and developing lifelong learning and action so that employees work in the best interest of the organisation (Eisenhardt, Ninassi and Furlow, 2015).

2.8.2 Leaders are change agents

Bernotavicz et al., (2010) was adamant that leaders lead change. Leaders who implement change out of necessity cause minimal disruption to teams. Proper delegation and organisation curbs unwarranted change but overall change is inevitable. There are various competencies that leaders must possess to lead change. They must be creative and innovative and move away from conventional methods of doing work. Change is inevitable and brings with it many challenges and uncertainties. During these periods leaders engage in difficult decision making and must still create a sense of calm, even when there is chaos in the environment. Leaders must be open to change themselves and demonstrate the willingness to change to employees. The route to the end of the journey cannot be visualised at the beginning. Leadership is evolving and therefore leaders need to be aware of their self and the way their actions influence others. They must adopt an attitude of learning and change a pessimistic situation to a positive one. Leaders develop themselves and are on an ongoing quest to achieve their highest potential and ensure that their employees do the same (Olivier, 2013).

Manikandaan (2010) argued that change management often fails due to leaders not establishing a clear direction. Leaders need to communicate using the top-down and bottom-up approach, and need to be flexible while ensuring that there is a definite plan for change in place. Kerridge (2012) explained that change is inevitable and that a leader is instrumental in taking organisations through the tides of change. They must act to engage employees in the face of change adopt the change and then guide employees through the transition. Palmer (2010) echoed these sentiments, saying that leaders are instrumental in the change management process; they cannot shy away from change nor can they themselves appear to reject the change. Change agents realise that change must happen and that they play keys roles in leading this change; they need to be courageous, resilient and wilful, and inspire subordinates to move in their direction (Schein, 2010). All healthcare staff should be involved in improving the organisation’s service, irrespective of the job they perform,

as everyone is equally important in providing safe, clinical care (NHS, 2011). For this reason, everyone requires some type of development to ensure that a culture of continuous improvement is sustained. The same applies to nursing, as nurses are instrumental in managing and sustaining change in clinical care (Kerridge, 2012). The latest models of clinical care require nurses to be change agents. This means including all levels of staff in the change process and persuading staff to see the change as beneficial. Effective leaders understand and accept that good performance is not self-led: it is a team effort, therefore nurse managers need to possess the ability to influence and manage change (Kerridge, 2012).

2.8.3 Leaders are emotionally intelligent

Emotionally intelligent leaders possess certain qualities that allow them to be resilient. They have high energy levels and a healthy level for stress tolerance. They are able to remain balanced through conflict, chaos and crisis. They are still able to think rationally and communicate effectively. Leaders have an internal locus of control in that they believe they must be proactive to turn certain situations around. They are able to persuade and motivate others to buy into the goals (Taft, 2012). Emotionally intelligent managers have a strong sense of right and wrong and are better leaders. Managers are required to align their personal values with organisational values to achieve some semblance of success. Understanding subordinates' personality types allows a leader to predict performance and behaviour, which can lead to better leadership and management of subordinates in order to improve performance. Leaders need to understand their own personality type if they are to understand the personality types of others (Allen, Shankman and Miguel, 2012).

Leaders see the future in an optimistic way; they formulate strategies to achieve objectives while encompassing the organisation's values. They inspire followers to work toward goals, build a team, communicate clearly and are able to apply self-control in all situations. Dewett (2010) argued that leadership predominantly depends on three qualities– leaders must be smart, they must make an effort, and they must develop their ability to communicate, make decisions, motivate others, manage conflict and direct teams. Dewett argued that leadership is straightforward and simple and that charisma is not a required trait of a successful leader, adding that leadership is built on the actions you take daily and not on big moments. If people

who work hard can become leaders, this goes against the theory that leaders are born and not made. Effective healthcare leaders seek power to achieve organisational goals and to develop others, and have a low need for affiliation. Although they care about their staff, they will not make decisions that make them more likeable (Yukl, 2013). Emotional intelligence incorporates strategic thinking which means evaluating situations, identifying patterns and generating decisions in the best interest of the business. Strategic leaders think deliberately, develop action plans and influence others to adopt their strategies. Visionary leaders are charismatic, inspirational and insightful. They are creative thinkers with the ability to rely on self yet inspire others. They develop innovative solutions while adjusting their vision according to new developments (Bamford et al., 2013).

Leaders also do not shy away from subordinates' emotional issues as they have a firm understanding of human behaviour. They are self-aware and are able to look to themselves for solace– they do not depend on circumstances to provide peace. They are able to convince others and build consensus rather than forcing people into action. They conceptualise beyond each day and look for future rewards and fulfilling goals for the future state of business. Servant leaders have foresight and a keen ability to predict outcomes as they learn from their own and others' experiences (Laschinger and Fida, 2014). Self-reflection is a critical leadership competency as it allows a leader to understand their own needs as well as the needs of others. Leaders need to be aware of their own values first and then take cognisance of organisational values. Value systems determine whether individuals display ethical behaviour or not (Brown and Mitchell, 2010).

Resiliency is a trait that is closely associated with emotional intelligence. Nurse leader resiliency is characterised by various elements. Equanimity is defined as the leader's ability to stay calm and rational, even when the situation is challenging and complex. This trait allows others to emulate this behaviour when faced with similar situations, as it is a remarkable trait to possess. Optimism, which was identified as the second element, is the leaders' inclination to focus on the task at hand and achieve the goals associated with it. Effective leaders fall on past experience to cope with present challenges. Perseverance, identified as the third element, is the leader's ability to overcome difficulties and still accomplish superior performance at work and on a personal level. Leaders make work meaningful, stay calm under pressure and

promote optimism in the workplace (Prestia, 2010). Sharma and Jain (2013) described an emotionally intelligent leader as being self-aware, trustworthy, and confident and inspired. They know their followers' needs and levels of motivation and adapt their leadership styles accordingly. They understand that employee emotions cannot be excluded from the work environment but take care to deal with this accordingly. They develop leadership competencies from the outside but develop motivation and self-awareness from the inside.

The outside principle suggests that leader's act first by developing their networks, adopting new projects and utilising different ways of doing things. Thinking and introspection come after action. Leaders are self-aware; they understand their strengths and weaknesses and seek growth opportunities from weaknesses (Ibarra, 2015). Many leaders are able to use their blind spots to their advantage because they have high levels of self-confidence and are able to believe in themselves. Leaders who want to be aware of their blind spots ask their colleagues to evaluate their levels of self-awareness. A blind spot is present when a leader cannot accurately see his/her team members' strengths and weaknesses. As leaders climb up the corporate ladder, they depend on information from others, which is not always first-hand information. This may lead to ineffective decision making (Shaw, 2014). Leadership is evolving and therefore leaders need to be aware of self and the way their actions influence others. They must adopt an attitude of learning and change a pessimistic situation to a positive one. Leaders develop themselves and are on an ongoing quest to achieve their highest potential (Olivier, 2013).

Leadership often comes under criticism, yet true leaders who are self-aware are able to deal with criticisms that have merit. Emotionally intelligent leaders are passionate about their jobs, teach their people to be passionate, take ownership of the team's successes or failures; recruit employees who are suitable for leadership jobs and prioritise tasks and responsibilities (Maxwell, 2015). The American Association's scope and standards for nurse administrators stipulates certain emotional intelligence competencies that are essential for good nurse leadership. These include leading customer service, acting ethically and with integrity, displaying honesty, transparency, facilitating conflict situations, coaching, mentoring, performance management and improvement, and a commitment to excellence(Taft, 2012).The core competencies for leadership success are self-awareness, self-

confidence, emotional self-control and empathy (Taft, 2012). Jooste (2014) implied that being a leader means taking the lead over others, providing support to members, valuing and recognising their contributions, and driving them toward goal attainment. He further stated that these are also the qualities displayed by a self-leader. Autonomy, knowledge, applied skill and proactiveness are key leadership qualities that are also attributes of self-leadership. Emotional intelligence influences leadership effectiveness. It includes the regulation of emotions, empathising with others and understandings one own's feelings (Allen et al., 2012). It is essential that nurse managers possess good coping skills to deal with varying stressful situations, therefore psychological resilience is essential to successful nurse leadership. Emotional Intelligence (EI) relates to resilience and can be utilised to predict success in management and leadership (Tyczkowski, 2015). Tyczkowski's study concluded that transformational leaders display a higher level of emotional intelligence, whereas laissez faire and transactional leaders display lower levels of emotional intelligence. The transformational leadership style is thus predisposed to effective leadership. The study also found that emotional intelligence scores of nurse managers were positively correlated to patient satisfaction and reduced staff turnover rates (Allen et al., 2012).

Recent studies by Judge and Long (2012) and Hunt (2010) concurred that leadership styles are conceptually related to personality traits. The study conducted by Hunt (2010) yielded mixed results regarding the link between emotional intelligence and the transformational style of leadership, however a study conducted by Harms and Crede (2010) revealed a strong relationship between EI traits and transformational leadership.

In their research, Wong and Giallonardo (2013) concluded that the Emotional Intelligence Theory developed by Goleman is largely ignored in healthcare leadership literature; yet six out of the nine articles used in their research linked transformational leadership to emotional intelligence. A study by Weber (2010) also revealed a strong relationship between transformational leadership and the three perceived leadership outcome variables, namely satisfaction, effectiveness and extra effort. Shankman et al., (2010) developed an emotional intelligent leadership (EIL) framework that focuses on knowledge, skills, developing relationships, citizenship, self-awareness and capitalising on differences. This EIL model suggests that

leadership is a dynamic relationship between a leader and his followers (Cherniss, 2010). Ferris (2010) was of the opinion that in order for leaders to be effective they need to be emotionally intelligent, i.e. emotional intelligence and social intelligence are as important to leadership as the ability to think with cognition. A framework that utilises supporting tools such as the 360 degree appraisal tool allows leaders to identify areas of strengths and weaknesses. Ibarra (2015) suggested that leaders first have to understand who they are and create self-awareness as a priority. Introspection and reflecting on self are two of the most important leadership development actions. Successful leaders know who they are; they are authentic– they grow their strengths and improve on their weaknesses.

Weiszbrod (2015) wanted to establish if there was a link between healthcare competencies and emotional intelligence, and if so, to understand what this relationship was. The study concluded that there was a positive relationship between emotional intelligence and healthcare leader competencies; as the degree of emotional intelligence of the participants increased, so the healthcare leadership competence increased. The study recommended that training and development in emotional intelligence can be added to leadership and administrative courses in an attempt to improve leadership competencies. Patton (2012) suggested that the constructs of an emotionally intelligent leader be added to the post basic curriculum in order to start developing emotionally intelligent leadership. Weiszbrod (2015) stated that there are healthcare leadership models available that measure leadership behaviours and knowledge, including an assessment of emotional intelligence. This is self-awareness, and a leader who displays critical self-awareness is more likely to be successful in a leadership role (Shankman and Haber-Curran, 2015). Self-aware leaders realise that people do not follow you solely based on the position you occupy but because of who you are and what you stand for. Leaders do not have the answers for everything and should acknowledge and admit this. Respect is a large part of leadership; respect your team and they will follow you. Leaders are instrumental in protecting the worthy traditions of their organisations (Chopra and Kanji, 2010).

Taft (2012) highlighted four categories of competencies that are strongly associated with emotional intelligence– the leader's ability to be self-aware, to manage self, to be aware of society and to manage relationships. She further stated that all these

clusters are essential for successful leadership. The core emotional competencies are also highlighted as essential leadership traits; therefore the development of EI should be undertaken by the HR division of an organisation. A good leader takes ownership of his/her strengths and weaknesses and displays the self-confidence to own them around other people.

Chopra and Kanji (2010) stated that emotional intelligence training will result in enhanced interpersonal communication. Stagman-Tyler (2014) identified EI, leadership style and resiliency as traits in nurse managers that have led to successful leadership, with resilience being the most important trait.

2.9 People development

Leaders need to be aware of the importance of honing in and developing talent. A significant amount of time must be spent on individual employees who are identified for succession planning. Learning and development, performance development and succession planning are key competencies that an effective leader possesses. Effective leaders assess performance throughout the year, have regular meetings with staff to discuss performance, and do not depend on yearly performance appraisals to review performance. Leadership competencies include the formulation and communication of clear goals, the recognition and rewarding of good performance, the reinforcement of accountability by all employees and people development (Ulrich, 2015).Leaders coach, listen attentively to employees and show genuine interest in them. Recognising employees for their work and assisting them in career progression are competencies that leaders must possess. Successful leaders spend time with their teams, while also having one-on-one conversations with employees.

Coaching is an important leadership competency. For coaching to be effective, leaders must adopt a solid coaching habit where employees are able to handle their responsibilities on their own, prioritise their workload and become confident to carry out the work required. Leaders must engage in effective coaching conversations with employees. Successful coaches nurture and grow a sense of curiosity and remain consistent in their coaching approach (Stanier, 2016).

Worthy leaders constantly make themselves aware of the new competencies and abilities that are required in changing situations, and they both learn and develop

these competencies (Ulrich, 2015). A leader's greatest success lies in their ability to train and develop other employees into leaders. This strategy allows the organisation to maintain a competitive edge over others in the industry (Maxwell, 2015). Training and developing employees creates assets for the organisation. Those leaders who do not engage in leadership training are egotistical, self-centred and afraid to lose power and status. The CCL (2011) directed their research at investigating which leadership competencies were necessary in this dynamic healthcare industry and the extent to which leaders fulfilled these competencies. Their findings were that it is imperative for organisations to understand their leaders' strengths and weaknesses, so that development and training can be focussed and beneficial.

2.10 Consequences of ineffective leadership

Keyes (2012) described an abusive leader as someone who is quick to criticise yet slow to listen. They do not reward employees for any progress made towards goals, yet keep on expecting top performance. They do not consider employees in decision making, causing employees to become silent and unheard, and leading them to harbour negative feelings about work and become unproductive. In the long run, coercion is taken over by a total lack of effort and productivity falls. Turnover rates are thus high with abusive leaders. Zangaro et al., (2015) described the effects of toxic managers as devastating to an organisation's bottom line; toxic leaders lead by blaming, take all the credit when things go right, distribute information to a select few individuals, and refuse to consider others' opinions and suggestions. This type of leader decreases staff morale, diminishes creativity, creates higher levels of job stress, increases absenteeism and turnover, and decreases job satisfaction. The toxic nurse manager is not self-aware and lets her emotions and moods rule the day; she screams and yells and will not acknowledge her weaknesses. She keeps vital information to herself as she believes that sharing information with staff will lead to a loss of power (Zangaro et al., 2015). Indecisive leaders prove to be untrustworthy.

2.11 Assessment of leadership competencies

Developmental assignments and 360 degree feedback via questionnaires allow leaders to learn through experience as opposed to formal training (McCauley and McCall, 2014). Another important method of assessment is self reflection. Leaders who engage in self-reflection are able to improve their own performance by

developing leadership competencies that they view as being deficit (Shankman and Haber-Curran, 2015). Since leaders have to fulfil a variety of functions which include living the values of the organisation, ensuring employee satisfaction, delivering on goals and leading change, it is essential to set out a framework that is capable of assessing leadership competencies. This would assist organisations in selecting appropriate leadership development programmes to build and sustain effective leadership. The leadership competencies associated with the various types of leadership styles and theories are required to provide a superior level of clinical care; therefore more and more institutions are pursuing leadership development as a priority (Martin et al., 2012).

The study by YMCA (2010) contends that certain competencies are essential for effective leadership and assessing the degree to which these competencies are present in nurse managers will lead to the development of essential competencies. The result will be effective leadership in healthcare. Cause driven leadership is based on the leader firstly assessing his/her leadership competencies and interpreting the results. Once the areas of strengths and weaknesses are ascertained, a plan of improvement can be developed. The basis of this model is mission advancement, personal growth, collaboration and operational effectiveness (YMCA, 2010). Shaw (2014) was convinced that leadership blind spots can be controlled by leaders being involved in the business and interacting with employees and getting them to rate leadership competencies. An organisation must undertake regular employment engagement surveys which are a means of assessing leadership competencies. Strong action must be taken on areas that require intervention. This ensures that leadership capability is enhanced, which will in turn increase employee engagement, productivity and work outputs (Markos and Sridevi, 2010).

A 360 degree benchmark assessment was conducted by CCL (2011) where employees at the chosen healthcare organisations were asked to rate their leader's leadership traits on a Likert scale. The leadership traits that were ranked low were being aware of self, leading others and dealing with problematic employees. It was also concluded that the greatest challenge leaders experience are in building and leading teams. The ability to lead others was rated as one of the top leadership skills that needed to be possessed for effective leadership, however healthcare leaders

ranked second last in this area of skill. Another area that requires development is succession planning and career development for employees. The study also highlighted the skills that are areas of strength, i.e. resourcefulness, keeping others calm, and being straightforward. The organisations under study were therefore able to prioritise research development (CCL, 2011).

2.12 Competency models

Competency models were first developed as early as the 1970s to identify which behaviours and skills are required for effective leadership. Ruderman et al., (2014) argued that although competency models have been hugely beneficial, they do not always encompass the changing environment and the changing nature of leadership, for example the behavioural competency models view leadership as being organised, consistent and structured, whereas in reality it is dynamic, fluid and chaotic. They proposed a model that includes the components of a leader's internal dynamics. Siegel (2010) referred to this as a leader's mindsight that allows them to reflect on past experience and behaviour in order to improve performance. The model was called the Beyond Competencies Model as it included the mind and lived experiences. It took a holistic approach to leadership and included elements of the inner world, namely circuitry, inner content and conscious engagement. He was of the opinion that this model embraced all the aspects of leadership and was most beneficial to organisations.

Table2.8: Comparisons of models for developing leadership

Approach	Characteristic	Assumption
Behavioural Competencies as the basis of Leadership Development	This approach is geared towards identifying behaviours that are appropriate for successful leadership and comparing this with the behaviours that are currently displayed by leaders.	Behaviours are a result of deliberate and conscious processing. Leadership is the function of explicit behaviours. Leaders must be answerable for the behaviours they exhibit and this will allow them to become more effective at

		leadership.
Beyond Competencies: Behaviours and the Inner World as the basis of Leadership Development	Oriented toward the interplay between internal elements (physiological, psychological, emotional, thoughts, memory) and external behaviour and activity. Holistic assessments of leaders as beings with complex inner worlds that can influence, explain, and shape behaviours and actions.	State of mind and body influence how leadership is enacted; behaviours Can reflect automatic processing, emotions, thought patterns, Past experiences, and level of self-awareness. Leadership is a function of circuitry, inner content, conscious engagement, and external behaviours. The four are inherently interconnected. Helping leaders understand their inner world leads to increased self-awareness, adaptive behaviours and responses, and more effective leadership.

Source: Ruderman et al., (2011)

2.12.1 Collaborative Leadership Model

The challenging and dynamic healthcare environment requires leadership capacity that can adapt to succeed in the future. The CCL (2011) undertook research to understand healthcare leaders perform certain leadership competencies. Almost 35 000 leadership evaluations were completed by healthcare employees working across the healthcare sector. The key findings were as follows:

- The top priority for leadership development is to increase leadership effectiveness and teamwork.
- Healthcare leaders must develop talent and succession plans so that the future of their organisations is secured.
- The strengths of healthcare workers must be developed and recognised.

Figure 2.2: The Collaborative Leadership Model
Source: CCL (2011)

2.12.2 The Social Change Model of leadership development (SCM)

This model is based on the assumption that successful leaders have a set of personal values that they adhere to consistently, i.e. they act out their values in their everyday life. These values are a part of network formation, conflict management, decision making and team development. Trust is high on the agenda in this model as it builds employee engagement and fosters ethical behaviour (Rosch and Caza, 2012).

Eight competencies have been identified that are central to efficient and successful leadership.

Table 2.9: The competencies associated with the Social Change Model of Leadership Development

Competency	Description
Being conscious of self	Leaders are aware of their value system, what they believe in, how their emotions affect what they do and how their perceptions about different things affect how they respond to different situations.
Consistency	This refers to the ability of the leader to react in a similar way irrespective of the circumstances they find themselves in.
Dedication	This refers to the ability of the leader to pursue organisational goals irrespective of the difficulties that may present themselves.
Team work	This refers to the ability of the leader to work within a team and also to get others to work with each other collaboratively.
Shared goals	This refers to the ability of the leader to formulate goals and objectives that are adopted by all team members.
Handling controversial viewpoints	The leader is able to accept that everyone has their own differences in opinion, accepts these differences but are able to reach resolutions amicably without causing emotional hurt to others.
Sense of community	This refers to the leader's ability to play an essential role in the wellbeing of the community.
Change management	This is the leader's ability to recognise that change is inevitable, but leads the team into embracing change positively.

Source: Rosch and Caza (2012)

2.12.3 The Cause Driven Leadership Model

The cause driven leadership model is based on the 70/20/10 learning model. This model specifies that 70% of learning takes place on the job, 20% is from coaching, mentoring and the feedback received from managers, and 10% is from formal training programmes (YMCA, 2010).

The model lists 18 leadership competencies namely values, community, philanthropy, volunteerism, inclusion, relationships, influence, communication, developing others, decision making, innovation, project management, finances, quality results, self development, change capacity, emotional maturity and functional expertise that are essential for effective leadership. The YMCA (2010)defined a leader as an individual who does not supervise others, but rather provides a service to others. In this model, the leader accepts and then demonstrates the organisation's values. There is a strong need to serve others, and therefore the community role is crucial. The leader is able to work well with a diverse group of people, gets others' opinions on the matter under discussion and actively listens to others. The leader makes sound judgements and is instrumental in developing others. The leader makes goals clear and aligns tasks to meet these goals. Self-development is a large part of leadership and the leader is a change agent that embraces and leads employees through the change process (YMCA, 2010; Kings Fund, 2011).

2.12.4 Voices of the Staff Leadership Competency Model

The University of Michigan's Voices of the Staff (2010) network team for leadership development developed a leadership competency model that was based on the University's needs and could be used on all categories of leadership. The model was made up of eight dimensions, each one detailed in terms of leadership role, organisational competency level definition, action: behaviour, knowledge, skill or value, resource, provider and format (Voices of the Staff, 2010).

The eight dimensions are:

- Making the vision a reality.
- Developing networks and synergistic relationships with stakeholders.
- Solving problems using the skill of innovation and strategy.
- Effective communication.
- People and self-development.

- Flexibility/adaptability to change.
- Leadership/achievement orientation.
- Quality service definition.

The guide recommends resources within and outside of the University that leaders can make reference to for assistance (Voices of the Staff, 2010).

2.12.5 The AstraZeneca Leadership Capabilities Model

AstraZeneca (2010) developed the AstraZeneca Leadership Capabilities Model shortly after a merger in 1999. This model was developed to enhance leadership capability across their companies globally. It was extremely useful in managing the team's progress, formulating plans for development, and conducting performance appraisals for all the branches worldwide. This model has assisted greatly in developing and nurturing the leadership capacity and is included as a major aspect of programmes geared towards leadership development. A 360 degree feedback tool has been developed to assess leadership strengths and developmental areas so that overall leadership effectiveness can be improved. The leadership behaviours outlined in this model are based on AstraZeneca's strategic objectives and the company's value system. The values that are incorporated in this model are: displaying genuine respect for all team members; embracing a diverse workforce; being open to new ideas; leading with honesty, integrity and trust; providing assistance for team members; displaying morally acceptable behaviour; and being a role model for others to follow.

There are seven key capabilities, each with associated indicators/behaviours:

• The leader communicates clearly to all about the path that will be followed to achieve goals.
• The leader inspires others to be committed to the organisation.
• Delivering a superior service is a priority.
• Relationship building.
• Employee development.
• High levels of moral integrity.
• Developing an accurate insight into self (Astra Zeneca, 2010).

2.12.6 The National Centre for Healthcare Leadership Competency Model (NCHL)

The National Centre for Healthcare Leadership (2015) developed a competency Model (NCHL) that can be utilised by a wide range of disciplines in healthcare. It aims to identify the knowledge, skills, abilities and competencies that will allow leaders to achieve success. Marymount University in America has amended the NCHL model as part of its competency-based leadership programme. The purpose of the programme is to give students the opportunity to build and develop leadership skills in healthcare. Buckingham (2011) emphasised that leadership development and assessment must be included in student curricula to provide a foundation for leadership concepts.

The emerging leader must be provided with an opportunity to assess their leadership strengths and areas that require development (Buckingham, 2011). The National Center for Healthcare Leadership suggests that in 2020, the rising costs of healthcare will need to be supported by excellent leadership. The study concluded that a healthcare leadership model adds value to healthcare, as opposed to following a general leadership model. A healthcare leadership model focuses on the end user, which is the patient or the healthcare consumer. The NCHL argued that healthcare is far more complex than other industries, as there is a need to build consensus between the independent stakeholders. This requires leadership that exhibits competencies at a higher level than those in other industries (Weiszbrod, 2015).

Figure 2.3: NCHL Leadership Competency Model
Source: NCHL (2011)

2.12.7 Bolman and Deal Leadership Model

This model is in keeping with the situational leadership theory and divides leadership behaviours into four different quadrants. These frameworks represent the structure of the organisation, the human resource component, the political arena and the symbols that are important (Ali, 2012). According to Ali (2012), the CLICKSPRIDE model emphasises that the effective leader "clicks the pride" in an organisation. The nine competencies are: communication, learning, influence, confidence, knowledge, strategy, relationships, integrity and delegation. These attributes encourage the use of participative leadership and provide support for future leadership.

Table 2.10: Competency framework used in assessment of senior management

Competency name	Competency definition
Building strategic and effective leadership culture	Leaders are instrumental in communicating the vision and inform employees of the path that needs to be taken to make the vision a reality. They are a source of inspiration and motivate others to achieve organisational goals.

Managing projects and programmes	The leader not only formulates plans and implements them, but also ensures that the outputs are evaluated against the goals that were set.
Managing finances	The leader is acutely aware of the financial processes that are utilised to attain the executive goals. Compiling and managing operational budgets, monitoring cash flow, implementing risk management policies and administering tender procurement are competencies that are essential.
Managing change	The leader must embrace change first and then endeavour to genuinely support change initiatives. Change must be planned and communicated so that employees are able to transform into new processes successfully.
Managing knowledge	The leader must be in a position to acquire and share the knowledge that has been gained. Staff must be inspired to develop their knowledge to develop an institution that has a superior knowledge base.
Innovative service delivery	The current ways of providing the service must be explored with a view to finding creative and innovative ways of providing a superior service. New methods of service delivery must be aligned to organisational goals.
Solving problems using analytical skills	Systematic problem solving approach must be utilised to solve present problems as well as forecasted problems. The leader must aim to resolve problems in the shortest time possible.
Empowering and developing employees	Leaders empower their people to become better versions of themselves. They make effective plans to develop employees so that the objectives of the institution are achieved optimally.

Focussing on the client	Knowledge of customer needs is imperative to provide a superior service. Leaders anticipate what customers require and tailor the service to meet these needs. The team follows the same approach.
Effective methods of communicating	The leader understands that diversity plays a role in how different people understand the information that is communicated. The leader knows individuals well and communicates in a way that every team member is able to understand. Persuasion and convincing employees are an ideal way to achieve organisational goals.
Upholding ethical behaviour	Trust, honesty and integrity are essential traits that a successful leader must possess. These qualities appeal to subordinates and motivate them to behave in a similar way.

Source: Horey and Fallesen (2014)

2.12.8 The NHS Medical Leadership Competency Framework

The NHS Medical Leadership Competency Framework is a joint initiative between the NHS and the Academy of Medical Royal Colleges, as per Green and Gell (2012). The framework is made up of five domains, namely demonstrating personal qualities, working with others, managing services, improving services and setting direction. The model is based on the premise that everyone in a healthcare setting can benefit from the use of the framework and not only those in formal leadership positions. Healthcare leaders must gain a clear understanding of who they are and their values and beliefs, as these influence decision making and problem solving. Feedback through 360 degree assessments is useful to gauge current leadership behaviours so that areas requiring development can be worked on (Green and Gell, 2012).

The first element in this model is justifying and clearly communicating the objectives of the organisation and outlining the importance of employees' contributions. This focuses on the leader's ability to communicate the vision and objectives and to lead around the service users. The second category relates to skills and behaviours dealing with inspiring teams and individuals to work together for a common purpose. This embraces the abilities required for working inter-collaboratively, building team

commitment and engaging staff. The third element focuses on efforts to increase the capability of the system as a whole. This deals with change management, pursuing innovation, modelling new behaviours and identifying new and informed system processes (Storey and Holti, 2013).

The NHS (2011) developed a leadership framework that represents the foundation of leadership behaviour that all staff should aspire to. This model can be used by staff in formal and informal leadership roles. There are seven domains in this model and each domain is made up of relevant leadership behaviours. The model has various uses for an organisation:

- To raise awareness of the importance of effective leadership.
- Can be used as a talent management strategy.
- Can be used in conjunction with other projects geared at developing leadership.
- It enhances the development of both the leader's abilities as well as employees' abilities.
- To improve the system of performance appraisals.

The first domain of demonstrating personal qualities include competencies of building an awareness of self, self-management, emphasis on developing self, behaving ethically and morally, and treating others with respect. The second domain of working with others includes competencies of networking, developing relations with people, recognising and appreciating employee opinions and building teamwork. The third domain of managing services includes competencies of formulating plans, resource management, employee management and performance management. The fourth domain of improving services includes competencies of adhering to safe clinical outcomes, the ability to evaluate using critical thinking, change management and fostering a culture of creativity in service delivery. The fifth domain of providing guidance includes competencies of identifying contexts of change, applying knowledge and evidence, making decisions and evaluating impact. The sixth dimension is creating the vision, which includes competencies of developing the vision, influencing the vision, communicating the vision and embodying the vision. The seventh domain is delivering the strategy, which includes the competencies of

framing, developing, implementing and embedding the strategy. Each competency is defined and therefore the framework is useful in both performance management and leadership development (NHS, 2011).

2.13 Leadership development

Fenton and Phillips (2013) were of the opinion that new nurse leaders have made the transition from ward nurses to leaders by trial and error and without the necessary leadership development. Nurses are usually considered for leadership roles if they are clinically competent. However the nurse leader role is more complex than merely having clinical competence. The lack of leadership skills often leaves new nurse managers feeling overwhelmed. Spencer et al., (2014) share the sentiments that clinical skills alone are not adequate for new nurse managers to be successful in a leadership role.

Rahman and Sharif (2015) stated that the challenges facing nurse leaders are palpable and that leadership development must be incorporated into the nursing curriculum. Van Bogaert, Timmermans, Weeks, van Heusden, Wouters and Franck (2014) explored how nursing environments and stress affect clinical outcomes and the level of care that is delivered. The study concluded that effective nursing management is positively related to an improved quality of care and leads to increased employee satisfaction. A study conducted by Weber (2010) found relationships between nursing management and staff levels of wellbeing, burnout and turnover intention.

Kelloway and Barling (2010) stated that leadership development enhances employees' wellbeing. Baker et al., (2012) argued that management and leadership needs are rarely seen as a priority and an assumption is made that people will gain these skills on the job. This is not necessarily true however, as people require role models to emulate suitable behaviour and build confidence. The 2011 Institute of Medicine report stressed that nurses across all sectors and domains will have to assume leadership roles, either formal or informal. There will be a growing demand for nurse leadership skills to be a part of the skill set that nurses possess. The recommendation therefore is that leadership development programmes are incorporated into nurse training programmes. According to Zydziunaite (2012), effective nursing leadership does not evolve and remain at senior management level,

but needs to be groomed and developed in nurses who provide bedside care. The author argued that while some nurses adopt their leadership style naturally, others have difficulty fitting into the role of leadership.

Research conducted by Spencer, Al-Sadoon, Hemmings, Jackson and Mulligan (2014) highlighted the challenges experienced by ward sisters in their transition to unit manager roles. It was concluded that these ward sisters benefitted from the formal leadership development programmes that were undertaken by their organisations. Conrad and Sherrod (2014) explained that with the current nursing shortage and the demands placed on nurse managers, there is reluctance amongst nurses to fill management posts. Organisations must thus commit resources, time, energy and effort to understand the role, and develop nurse managers to be effective in their roles as leaders. Reflection and self-discovery by leaders are the keys to leader development (Miller and Dalglish, 2011).

When an organisation embarks on leadership development, certain elements must be considered. These elements include understanding the organisational culture, the needs of the organisation, as well as the personal journey of the leader (Miller and Dalglish, 2011).

The CCL (2011) recommended that healthcare leaders receive development in all aspects of leadership capability, including people skills, as enhanced skills in these areas will allow leaders to provide strategic guidance, align goals with the organisation's vision, and build loyalty within the organisation. The study conducted by the CCL (2011) revealed that an area for leadership development is self-awareness and career development. Organisations need to concentrate on succession planning and talent management so that they have suitable leadership to move the organisation into the future. A sustainable lifelong leadership development programme should thus be developed and implemented to build nurse leadership capability (Scott and Miles, 2013). Leadership development is based on the knowledge, skills, tasks, functions and competencies that are the fibres of leadership (Horey and Fallesen, 2014).

Komives, Lucas and McMahon (2012) argued that leadership development must be approached on a multidisciplinary level because there remains a shared understanding of differences and similarities in leadership principles and practices

across professions and cultures. Miller (2012) was of the opinion that many leaders do not spend sufficient time reflecting on their own leadership styles and performances. Organisations worldwide are experiencing a shortage of effective leaders and are spending millions of rands on leadership development. Avolio et al., (2010) remarked that only 10-20% of organisations evaluated the effectiveness of leadership development programmes, while McCall (2012) argued that merely including someone in a leader development programme is not enough to make him/her an effective leader. On the job experience should thus be incorporated into leadership development programmes. The value of reflection must not be underestimated, as valuable learning and insights are gained from the process (DeRue and Ashford, 2010).

A study conducted by Curtis et al., (2011) provided evidence that nurse leader development can take place through various educational activities in conjunction with the actual practice of leadership in the clinical environment. It was also concluded that relationship building skills are far more important than possessing financial acumen and technical skills. Nurse leaders also require development in change management and will benefit from programmes directed at embracing and implementing change. These programmes not only assist in fostering change in the short term, but also in the long term (Curtis et al., 2011).

Gentry (2015) contended that first time managers experience difficulty in formal leadership positions due to a lack of experience and leadership development. This ultimately impacts on the organisation's profit margins and could result in financial losses. For this reason, formal mentoring programmes are very useful for the development of first time managers. Managers that are in or have been in formal mentoring programmes have reported higher levels of job satisfaction, productivity and longer lengths of service.

Successful leadership development programmes are not generic. They are developed through regular assessment of leadership skills, i.e. leader strengths and weaknesses. These programmes are more likely to incorporate teachings and activities that will directly improve weaknesses and build on strengths (Allen et al., 2012) .The study by CCL (2011) recommended that organisations undertake active plans to lead and develop staff, and that creating self-awareness become an area of

focus. Participative management enhances ownership of goals and allows employees to be involved in decision making. Another important area of focus is the building and leading of people in accomplishing this, leaders must be made aware of the capabilities that they are good at and areas that require development (CCL, 2011). The research by Spencer et al., (2014) also confirmed that new unit manager's struggle in their roles, especially in the leadership aspect of the job. A leadership programme that focuses on developing leadership ability has proven to be beneficial in developing future nurse leaders. Vaithianathan (2010) echoed the Kings Fund's (2011) sentiments in that the investment in leadership development will reap rewards. Developing leaders is a necessity and no longer a nice to do. Turnbull James (2011) stated that leaders across an organisation need to work collaboratively to achieve success. The success of an organisation depends on all the leaders of an organisation focussing on organisational relations, connectedness, innovation and new practices and processes. Leaders see what needs to be done and inspire others to do it (NHS Leadership Academy, 2014).

The needs of the organisation as well as the individual need to be considered, therefore sound conversations must take place to drive this. Leadership development must not be based on technical skills alone, but must provide individuals with the skills required to create a climate that embraces change. In healthcare settings, leaders must focus on the ultimate goal, which is to provide high quality patient outcomes (NHS Kings Fund, 2011). Leadership development can take place in various forms including formal and on the job training, and can incorporate 360 degree feedback, mentoring, coaching, training, action learning and non-formal processes (Gilson and Daire, 2011). Rahman and Sharif (2015) emphasised that a leadership development programme must focus on individual strengths and weaknesses, the motivation levels of the trainees and the knowledge and skills of the facilitators.

This study made use of an organisational leadership assessment tool that is used to measure the characteristics of servant leadership. The three behaviours that were measured are valuing people, leadership and sharing leadership. The research concluded that any healthcare organisation would benefit from leadership development. This can be attributed to the fact that healthcare leaders have not

received formal training or they may overestimate their leadership ability (Patton, 2012).

Leadership development training programmes must be developed to address these deficiencies in leadership. Daly et al., (2014) concluded that healthcare organisations need to develop leadership competencies for maximum performance. The returns on investments that investors receive are largely due to the depth and quality of leadership. The AONE (2010) has strongly recommended that leadership development be a part of every stage of nurse training, and highlighted the competencies they deem necessary for effective leadership, namely professionalism, leading change, communication and relationship building. Schein (2010) concurred with Rahman and Sharif (2015) that companies that have leadership development programmes allow their leaders to learn and grow, thus becoming better able to fulfil a leadership role. Those leaders who participate in leadership development programmes are able to gain skills, knowledge and abilities to align their personal goals to the organisational goals, mission and philosophy. Patterson et al., (2010) added that these programmes grow the potential within individuals and also lend to their professional development. Schein (2010) reiterated that a leadership development programme provides individuals with the skills to interface the organisation's strategy with everyday work. Professional development is a key factor that allows the nurse leader to keep updated with the current happenings in her field (ANALi, 2013).

Enterkin (2013) undertook a study to ascertain if there were any benefits from a leadership development programme. The respondents who undertook the leadership development programme reported an increased awareness of self, greater self-esteem, deeper empowerment and a renewed drive to inspire others. They also found value in the opportunities for networking with peers, which allowed for the sharing of ideas and best practices. Some of the participants were able to reflect on their career progression and career goals, and their aspirations became clear. The majority of participants felt that the leadership development programme had empowered them to be better leaders and that the benefits of such a programme outweighed the monetary investment. The research recommended that if healthcare organisations want to be sustainable, provide safe clinical outcomes and engage the

workforce, then they must invest in leadership development programmes (Enterkin, 2013).

Although the expectation is that registered nurses and midwives fulfil leadership roles in the course of their jobs, there is not enough support and preparation for them to fulfil these strategic roles. Research conducted by Casey (2012) was aimed at describing nurses' and midwives' current state of leadership and identifying those skills that require development. The research also explored their views on leadership development. A random group of nurses and midwives were included in the survey, with a total of 22 focus groups being created. The participants rated a greater need for leadership development in the area of professional development where the development of the profession was a priority. A lesser need was identified in the area of patient care. Registered nurses and midwives felt that they possess adequate leadership skills in the clinical area, but they require leadership development when they move to other domains of management. Casey (2012) thus put forward the case for growth and development in the areas of education and leadership.

Martin et al., (2012) carried out research in Swiss healthcare institutions to determine the effectiveness of a leadership programme that was introduced to nurse leaders. Data for this study were obtained from 420 observer-assessment questionnaires and 42 self-assessment questionnaires. The main conclusion from the study was that the respondents who participated in the development initiative showed a substantial improved capability in the leadership domains of motivating employees toward a common purpose and disputing the commonly followed processes. These conclusions reiterated the importance of organisations investing time and money into leadership development programmes to develop leadership capability (Martin et al., 2012).

No single leadership development programme will be absolutely successful for healthcare leaders if benchmarked against patient outcomes. Collective leadership, as depicted by the NHS (2011), justifies the need for creating equilibrium between developing leadership skills and building organisational capability. A cooperative, integrated leadership culture in which leaders network across boundaries will assist in improving patient outcomes (West et al., 2014).Leadership development must include diversity training as these skills can also be successfully developed

(Washington, 2015). O'Leonard and Loew (2012) argued that companies in the United States are spending far more money on leadership development than they ever did previously, as they are becoming increasingly aware of the benefits of effective leadership. More than 80% of companies in the US use the 360 degree assessment tool to measure leadership effectiveness. In order to execute a successful leadership development programme, all leaders must feel fully engaged in the programme and the developmental activities must be aligned to the company goals. Leaders in the organisation must be made aware of the critical capabilities that are expected of them, leaders must be cultivated on all levels of the organisation, and leadership development must be aligned with talent management (O'Leonard and Loew, 2012).

Leaders concentrate their efforts on developing and empowering people; through people development, leaders equip the business for future success. They regularly assess subordinate strengths and developmental areas and make the necessary provisions to improve on these areas. They foster independence, confidence and autonomy in individuals by empowering those that they work with. Developmental opportunities are provided to build confidence, improve efficiencies and effectiveness (Yukl, 2013). Developmental assignments and 360 degree feedback via questionnaires allow leaders to learn through experience as opposed to formal training (McCauley and McCall, 2014). Leadership enhancement has proven to support an increase in patient safety outcomes (Hardacre, Cragg, Shapiro, Spurgeon and Flanagan, 2011). Caliguiri andTarique (2012) undertook a study on cultural competencies and global leadership effectiveness on a sample of 420 global leaders. The conclusions reached in this research indicated that the selection and development of leaders are critical in increasing the efficacy of leadership globally and that diversity training must be a part of a successful leadership development programme.

Brockbank (2012) reported that 62% of organisations around the world have global leadership development programmes to improve the efficacy of leadership. A study conducted by IBM in 2010 with 700 chief executive human resource officials confirmed that developing leaders was the greatest business capability an organisation could possess. In keeping with this, Valentine (2012) stated that current nursing leadership needs to nurture and grow future nurse leaders in both clinical

skills and the wider spectrum of leadership. The current emphasis on nurse training is concentrated on aspects such as the ability to operate the latest technology and there is no real opportunity to learn and display leadership principles when at the patient's bedside. Murphy (2012) noted that the profession of nursing does not do enough in terms of developing the leadership ability of nurses, which has contributed to the current state of nurse leadership. Senior and seasoned nurses have a responsibility to grow and develop junior nurses to achieve competency in the profession.

The study conducted by Gentry, Eckert, Munusamy, Stawiski and Martin (2014) concludes that irrespective of 'born' or 'made' perspectives on leadership, developmental experiences, coaching and mentorship are all essential in developing good leadership. Both 'borns' and 'mades' agreed that good leaders have to be direct in their relationship with others. Although training and development opportunities are vital, organisations will do well to assess employees' perspectives on whether leaders are born or made. This will allow the organisation to tailor its training and development programmes to suit the individual's developmental needs (CCL, 2012). Similarly medical practitioners are not born into leadership roles because of their medical expertise. Gowan (2011) was of the opinion that medical practitioners do not have the necessary leadership skills to allow them to lead the medical fraternity to where it needs to be. In a study on leadership development she described the characteristics of a creative initiative that was developed to overcome the deficiencies in the final year of postgraduate medical training and the lack of leadership development. The aim of the project was to develop leadership capability in medical practitioners who were embarking on a consultant role. The project was aimed at allowing them to identify their own development needs, strengths and needs. They were given the opportunity to reflect on past experience to make sense of their current circumstances. A dynamic yet simplistic approach was used to improve the medical practitioner's ability to communicate clear goals, manage self, boost self-confidence, perceive self holistically and be prepared for a leadership role. This was found to be especially critical for specialist registrars, who went on to work in a hospital setting (Gowan, 2011).

Leeson and Millar (2013) reinforced that organisations that invest in leadership development and succession planning have better financial and engagement

outcomes that their counterparts, while Vinkovic (2012) stressed that organisations must develop their leaders, as leadership ability is the key to move people toward organisational success. Naidoo, Lowies and Pillay (2014) stated that organisations that have suitably qualified people in the right posts have a competitive edge over other organisations that do not.

2.14 Conclusion

There is an expansive body of knowledge available on leadership and leadership competencies. All of the relevant literature and studies support the need for effective leadership in organisations. Leadership has been acknowledged as being central to the development and delivery of healthcare. The chapter that follows details the research methodology that has been used for the study.

Chapter 3: Research Methodology

3.1 Introduction

Polit and Beck (2012) defined research as a structured and step-by-step methodology that will eventually provide an answer to the problem that has been identified. The purpose of undertaking formal research is to add to the current body of knowledge and bring refinement to what already exists in a particular field. This chapter focuses on the methodology that was used in this study. Louis et al., (2011) noted that in order for the research process to yield accurate results, research must be conducted in a systematic and organised way, where the initial step is to outline the research problem and then proceed to identify the variables of interest that will assist in solving the identified problem. The research steps allow the researcher to develop the plan that will be followed. Tappen (2011) concurred that research is a scientific and systematic search for important information on a specific topic, and it becomes an original contribution to an existing body of knowledge.

3.2 Research paradigm

Botma et al., (2010) stated that research designs create the boundaries within which a researcher works to solve a problem; it is the structure that supports the entire study and also provides the structure for the research methods and design decisions that must be taken to plan the study. As per Polit and Beck (2012), the most important factor to consider when evaluating research design is to determine if the research design that is chosen is appropriately and adequately answering the research questions that have been posed in the study. The research design is therefore evaluated using substantive and methodological considerations. It is essential that the research design that is chosen is in line with the aims of the study. Brink, Van der Walt and Van Rensburg (2012) highlighted that the research design is merely a set of logical steps that the researcher takes to answer the research question, and the researcher needs to consider the most appropriate research design to maximise the findings of the study. A quantitative, non-experimental study design was used for this research; a quantitative methodology is used when the researcher wants to compare relations and correlations between different issues and to get a broad comprehensive understanding of the subject being researched. The

emphasis is on collecting scores that measure distinct attributes of individuals (Ram, 2013).

A descriptive cross sectional design was utilised for this study as it allowed the researcher to make comparisons between the subordinates' responses to the various statements regarding leadership effectiveness and the managers' responses to the same statements. Therefore, the researcher was able to judge leadership effectiveness in private healthcare institutions from two different perspectives, one being managers and the other being subordinates. A correlational analysis was then performed and used to ascertain the extent of the relationship between the two scores. A descriptive cross sectional design, as per Botma, Greeff, Mulaudzi and Wright (2010), involves the collection of data at one point in time and describe the status of relationships among phenomena at a fixed point. Brink et al., (2012) explained that in non-experimental designs there is no manipulation of the independent variable and therefore no intervention, and nor is the setting controlled.

3.2.1 Descriptive designs

Descriptive designs are used when the researcher wants to develop theory, uncover issues related to the current way things are done, provide justifications for the way things are done, make judgements, or establish what others are doing in a similar situation (Burns and Grove, 2013). Descriptive designs do not allow for variables to be manipulated in any way, and neither do they explain the relationships between variables; the issue of importance is rather the number of times a variable repeats itself. Descriptive designs are utilised when the researcher wants to collect data from a sample group that represents the chosen population adequately. The data collection tools for such studies are structured observation, questionnaires and interviews (Brink et al*.,* 2012).

Descriptive designs answer the research questions without establishing a cause and effect relationship. Rather, they define the issue with what is happening currently, produce the evidence to back up that what is currently being done is justified, and assist the researcher to determine what practices others in similar situations are utilising (O'Leary, 2010). The descriptive design was suitable for this study as assisted in identifying if there are problems with nurse leader effectiveness in the four private healthcare institutions under study. As per Tappen (2011), descriptive

research concerns itself with describing the characteristics of a particular individual or a group, thus the research design is a comparative design, keeping in mind the objectives of the study and the resources available. It can also be referred to as a survey design.

Tappen (2011) emphasised that descriptive studies are useful for describing the desired characteristics of the sample under study. Descriptive research, as per Polit and Beck (2012), is a broad class of non-experimental studies. The purpose of this study is to observe, describe and document aspects of a situation. Descriptive correlational studies construct relationships among variables without attempting to establish causal relationships.

3.2.2 Cross sectional designs

Pandey and Pandey (2015) explained that cross-sectional research involves using different groups of people who differ in the variable of interest but share other characteristics, such as socioeconomic status, educational background, and ethnicity. Cross-sectional research studies are based on observations that take place in different groups at one time. This means there is no experimental procedure, so no variables are manipulated by the researcher. Brink et al., (2012) highlighted that cross sectional research, in which data is collected at one point in time, often attempts to make comparisons across different types of respondents or participants. The correlational approach is sometimes referred to as the study of individual differences because emphasis is placed on differences among individuals (Polit and Beck, 2012).

3.3 Research philosophy

In order to collect data that is suitable to answer the research question and perform an analysis on this data, certain research methods must be adopted, as this allows the researcher to create a framework for the study. The methodology focuses on differences between quantitative research, which is most closely allied with the positivist tradition, and qualitative research, which is most often associated with the naturalistic inquiry (Ram, 2013).

3.3.1 Quantitative research

Bryman (2012) emphasised that the quantitative methodology is utilised when the researcher wants to focus on the aspects of human behaviour that can be measured,

i.e. the focus of quantitative research is on a few concepts rather than numerous concepts. The researcher initiates the research already having opinions about the outcome of the research in terms of how the variables will relate to each other. Quantitative research is used when numeric data are collected. This data are then analysed by applying various statistical tests which do not require the researcher's direct involvement. Structured data collection tools are used to collect the data.

Tappen (2011) explained that quantitative research is an important tool in developing knowledge, as it tests theories that have been generated during qualitative research. Quantitative research focuses on a small number of concepts and the researcher is not intimately involved with data gathering. The research lends itself to the development of data collection instruments and numbers are the basic element of analysis. The data are then statistically analysed.

The basis of quantitative research methodology is measures of quantities and amounts (Kumar, 2011). It examines the relationship among the variables and in so doing tests objective theories. Statistical tests are utilised to analyse numbers that are generated from formal data collection instruments (Creswell, 2012). Quantitative research moves in a systematic fashion starting at the research question and ending at the point where the answers to the research questions are obtained. There are five phases in a quantitative study, i.e. the conceptual phase, the design and planning phase, the empirical phase, the analytic phase and the dissemination phase (Polit and Beck, 2012).

3.4 Rationale for methodology

The quantitative research methodology was chosen for this study as it was the most feasible approach to answer the research questions. The data that are collected in quantitative research are empirical in nature and grounded in objectivity, and are collected through the senses in a direct or indirect manner; they do not depend on what people believe as being the reality (Bryman, 2012). The implementation of the feedback tool developed by the NHS yielded objective information directly from the participants in the study.

3.5 Study setting

The study took place across 4 private healthcare institutions in KwaZulu-Natal that falls under the umbrella of a specific corporate healthcare group. Institution A is classified as a large hospital, providing specialist services such as cardiac bypass surgery. Institutions B and C are classified as medium size hospitals and provide general care for routine medical and surgical conditions. Institution D is classified as a small hospital and provides treatment for a limited number of medical disciplines.

Table 3.1 : Characteristics of the institutions under study

	Institution A	Institution B	Institution C	Institution D
Type of facility	Specialist	General	General	General
Number of beds	300	207	220	80

3.6 Population

According to Brink et al., (2012), a population is made up of all the people who have the characteristics, traits or abilities that the researcher is interested in; in essence they are the whole group that meets the criteria that the researcher has an interest in. Polit and Beck (2012) defined a population as the entire aggregation of cases that meet the criteria under study. Quantitative researchers specify the characteristics that delimit the population through inclusion criteria.

In this research, the first population was made up of all the nurse managers working in the four private healthcare institutions under study in KwaZulu-Natal, who numbered33. The second population consisted of all the categories of nursing staff (registered nurses, enrolled nurses and enrolled nursing assistants) employed in the four private healthcare institutions in KwaZulu-Natal. The population for this was 630 nurses.

Table 3.2 : Population size per setting

	No. of nurses in population	Number of nurses in sample	Number of line managers (N=n)
Institution A	238	77	13
Institution B	162	61	9
Institution C	170	69	9
Institution D	60	32	2

3.7 Sample

Botma et al*.,* (2010) explained that a sample is a representative portion of the population that has been identified as participants in the study. In order to choose the sample, a sampling technique is applied to the population. Creswell (2013) emphasised that researchers use samples as opposed to populations as it is more practical and realistic to do so, while Kumar (2011) noted that the sample must represent the population in as many ways as possible in order to generalise from the sample to the target population. Both samples were obtained from four private healthcare institutions in KwaZulu-Natal, which fell under the umbrella of a single hospital group. The healthcare institutions were chosen due to their geographical location, as they are situated in the province of KwaZulu-Natal which was convenient as the researcher resides in this province.

The first sample was made up of all the unit managers which were 33 as each unit manager has a number of subordinates that report to them. In order to get accurate results, all the unit managers had to be included in the study. For the second sample the sample size was calculated using the electronic SurveyMonkey sample size calculator. Since no similar study has been conducted on this topic, the researcher assumed that 50% of the nurses assume their line managers have leadership criteria which will provide a maximum sample size. In addition, considering the level of significance as 5%, the confidence level as 95% and the population as 630, the sample size for this group was calculated as 239.

3.8 Sampling method

There are two fundamental approaches to sampling, namely probability and non-probability sampling. Non-probability sampling implies that the researcher cannot estimate the chance that each of the elements in the sample have to be included in the sample, while probability sampling involves random selection and the researcher can calculate the probability that a specific element has to be included in the study (Pandey and Pandey, 2015).

3.8.1 Probability proportion to size sampling

Probability proportion to size is a sampling procedure under which the probability of a unit being selected is proportional to the size of the ultimate unit, giving larger clusters a greater probability of selection and smaller clusters a lower probability. In order to ensure that all units in the population have the same probability of selection

irrespective of the size of their cluster, each of the hierarchical levels prior to the ultimate level has to be sampled according to the size of ultimate units it contains, but the same number of units has to be sampled from each cluster at the last hierarchical level. Probability proportional to size sampling was therefore used to select the samples for this research. The names of all the nurses were placed in alphabetical order on a spreadsheet, according to the private healthcare institution they are employed at. Every 2nd name was chosen as part of the sample. This indicates that the first nurse was selected randomly and afterwards every second nurse was selected until reaching the total samples for the study. This type of sampling ensured that all the private healthcare institutions were represented proportionately in the study.

3.9 Research Instrument

A five point Likert scale was used in the development of the questionnaire, which featured mostly closed-ended questions. As per Dillman et al.,(2014), questionnaires are a formal tool used to collect data. The type and order of the questions remain the same so all participants answer the same questions. There is no differentiation in the order and type of questions, and the instrument can contain closed-ended and/or open-ended questions. The instrument provided a range of options that the respondent must choose in closed-ended questions. There are positive and negative aspects to the closed ended questions, for example the analysis of responses is easier in closed-ended questions but the construction of the questions is more complex. It is also easier to complete closed-ended questions in a shorter period of time. The major disadvantage of closed-ended questions is that the researcher may overlook important responses or the question itself can be constructed superficially (Creswell, 2013).

The strengths of a questionnaire, according to Brink et al., (2012) are that:

- it is an easier method of collecting data from a large group of respondents;
- it is more economical to use and saves on time and money;
- it is easier and more convenient to test the validity and reliability of questionnaires as opposed to other types of research instruments;

- it provides a greater sense of security to participants as anonymity can be easily ensured, thereby prompting participants to be honest in their responses; and
- All the participants fill out the same questionnaire, so the emotions of the interviewer do not play a part in data collection.

However, the weaknesses of a questionnaire are that:

- the questionnaires may have to be posted to respondents and this could be an expensive process;
- there is a possibility that a low response rate may be obtained;
- there is a chance that respondents may answer in a way that they find socially acceptable;
- respondents may leave certain questions blank, making conclusions negligible;
- participants are not able to verify their understanding of questions which could lead to misunderstandings;
- participants must be able to read and write in order to fill out the questionnaires; and

Data for this study was collected using a questionnaire developed from the NHS Healthcare Leadership Model which makes use of the Likert scale. It contains fixed questions and the participants cannot elaborate on responses and cannot ask for clarification (Brink, 2012). The Likert scale had five components, each addressing an element of the phenomenon under study. The questionnaire that was used was developed by the NHS from the nine leadership dimensions illustrated in the NHS leadership Academy Healthcare Model.

3.10 Pilot study

A pilot study was conducted on 20 participants from one of the private healthcare institutions, who were randomly selected and did not form part of the sample size for the study. The researcher gained access to these participants with ease as she worked at the healthcare institution included in the study. Brink et al*.,* (2012) suggested that a pilot study be carried out to test the practicalities of a research study. The pilot study is also commonly referred to as the pre-test, as it involves

carrying out a mini study prior to conducting the major study. The researcher chooses a small group of participants who represent the sample for the study, however the group of participants used in the pilot study cannot be used in the main study. The reason for carrying out a pilot study is to determine if the study is feasible. The researcher can also determine if there are any issues with the design and the methodology of the study (Creswell, 2013).

Botma et al*.,* (2010) explained that a researcher undertakes a pilot study to establish if participants will have a clear idea of what needs to be done, if there is any double meaning in any of the statements, and if there any aspects in the data collection tool that are culturally insensitive. The findings of the pilot study should lead to the refinement of the data collection tool. The pilot study for this research revealed that the participants required clarity on the purpose of the study and the questions asked to obtain demographic data were inadequate, thus two more questions were added to the data collection tool.

3.11 Administration of questionnaires

The data collection tool was reconstructed on Survey Monkey and emailed to the unit managers. A two week completion timeframe was built into the survey. The completed returns were submitted directly onto the Survey Monkey website. The data collection was therefore through electronic means for the unit managers. The nursing staff did not have access to computers; therefore the data collection was done manually over a two week period. Manual surveys were delivered directly to each of the human resources departments in each of the four private healthcare institutions for the nursing staff who formed part of the sample. The learning and development coordinator in each hospital assisted with the distribution of the questionnaires to the participants. This distribution occurred over subsequent days due to the different shifts and days that the staff worked.

According to Kumar (2011), there are various means of delivering data collection tools to participants, for example questionnaires can be emailed to participants, hand delivered personally or in groups, or sent by mail. A covering letter which clearly describes the reasons for the study and the objectives should be included with the manual and electronic questionnaires. Participants were explicitly assured that confidentiality and anonymity would be maintained at all times, thereby increasing

their eagerness to participate in the study. The completed email questionnaires were submitted directly to the Survey Monkey database. All the manual data collection tools were completed anonymously and handed back in sealed envelopes to the learning and development coordinator in each of the four private healthcare institutions over a two week period. These in turn were handed over to the human resource departments and subsequently collected by the researcher.

3.12 Data analysis

Data analysis: Data were initially captured in excel programme. After that, data were exported to SPSS 24.0 version for analysis. Frequency distributions were conducted for categorical variable and descriptive statistics (mean, SD) was calculated for numerical variables. Normality test was performed using Kolmogorov-Smirnova and Shapiro-Wilk tests. Kruskal-Wallis Test was conducted to compare the mean rank for all the dimensions with regards to three or more categories. Spearman's rank correlation test was done to determine the relationship among the dimensions. Mann Whitney U test was performed to compare the mean rank for all the dimensions with regards to two categories. P-values <0.05 were considered statistically significant.

3.13 Validity

According to Creswell (2013), validity is an important mechanism to determine the merits of a data collection instrument. Validity is defined as the extent to which a data collection tool yields accurate measurements of what it is intended to measure. Validity indicates whether the conclusions of the study are justified based on the design and interpretation (Ram, 2013).

3.13.1 Content validity

Content validity looks at whether the content that is being measured is adequate. The content validity of an instrument is judgement-based, as there are no other means that display total objectivity on ensuring that the data collection tool optimally covers the necessary aspects of the study (Creswell, 2013). Content validity assesses how well the data collection instrument is representative of all the dimensions of the variable that is being measured. It is efficiently used when the researcher is developing questionnaires and interviews as data collection tools. The researcher who constructs the instrument bases his/her claim on a literature review. The drawn up instruments are presented to a group of experts to determine the

content validity of the instrument, but the experts do not perform statistical measurements in judging content validity (Brink et al., 2012). The data collection instrument for this study was adapted from the NHS Leadership Competency Model, which is based on an extensive literature review.

3.13.2 Construct validity

According to Kumar (2011), the link between the formal data collection tool and the literature review is established by construct validity. This type of validity is the most important form of validity and is useful for measures of traits or feelings. It is used to explore the relationship of the instrument's results to measures of the underlying theoretical concepts of the instrument (Dillman et al., 2014).Construct validity was used for this research as the questionnaire was based on an extensive literature review in the field of leadership competencies.

3.13.3 Criterion-related validity

This type of validity seeks to identify the relationship between external criteria and the scores on the data collection tool. The researcher can determine whether the data collection tool measures what it should measure by comparing it to another measure that is known to be valid. This other measure is referred to as the criterion measure. The data collection instrument is considered valid if the data collected using the instrument in question closely match the data collected using the criterion measure (Ram, 2013). This type of validity was not applicable to the questionnaire that was used for this study.

3.14 Reliability

Reliability refers to the degree to which the instrument can be depended upon to yield consistent results if used repeatedly over time on the same person, or if used by two researchers. The reliability of an instrument is indicated by a correlation measure that varies between 0 and 1. The nearer the measure is to 1, the higher the correlation (Brink et al., 2012). The researcher ensured reliability of the data collection tool by conducting a pilot study on the same group of participants two weeks apart. Reliability represents the consistency of the measure achieved. If a data collection instrument is deemed valid then it should yield the same outcomes when it is used on different groups under various circumstances (Louis et al., 2011). Reliability analysis was performed on the data which concluded that the data were reliable.

3.14.1 Stability

If data collection instruments remain consistent over a period of time, they are classified as having stability. To measure stability, the same individuals are given the same instrument on two different occasions within a short period of time. The responses are examined to determine similarities between them (Polit and Beck, 2012). The test-retest reliability procedure was performed on the research instrument. The researcher administered the questionnaire to a sample of employees in the same nursing unit two weeks apart. The responses were compared and a reliability coefficient computed based on the responses.

3.14.2.Internal Consistency

Internal consistency is concerned with the ability of all the dimensions on the data collection tool to provide an accurate measurement of the same variable. This type of reliability is appropriate only when the instrument examines one concept or construct at a time. The split half method is used to estimate internal consistency. This is done by splitting the items on the instruments into two halves and computing correlations between their scores (Brink et al., 2012). Cronbach's alpha was used in this study to determine if the data collection tool was internally consistent. Once computed, the higher Cronbach's alpha indicates a higher internal consistency and accuracy. This method gives an estimate of the split half correlation for all possible ways of dividing the measure into two halves, not just odd versus even items (Ram, 2013).

3.15 Elimination of bias

Bias is any trend or deviation from the truth in data collection, data analysis, interpretation and publication which can cause false conclusions.

Sampling bias occurs when the sample does not adequately represent the entire population. This was minimised by the use of probability proportion to size sampling where sampling was done according to the size of the healthcare institution.

Selection bias is when the researcher does not apply the criteria for selection into the study sample consistently. This form of bias was minimised as all the respondents were chosen according to the same set of criteria.

Survey methodology bias occurs when the questions are posed in such a way that they lead respondents to answer in a predetermined manner. This was minimised by the use of a validated data collection tool.

Social desirability bias occurs when respondents answer questions in a way that they feel will make them liked or accepted. The questionnaire was anonymous and the researcher was not directly involved in distributing or collecting the questionnaires.

Confirmation bias occurs when a researcher forms a hypothesis or belief and uses respondents' information to confirm that belief. This takes place in-the-moment as researchers' judge and weighs responses that confirm their hypotheses as relevant and reliable, while dismissing evidence that doesn't support a hypothesis. This form of bias was reduced as the absolute responses were documented and analysed. There was no manipulation of the data that was collected.

3.16 Ethical considerations

3.16.1 Beneficence (Right to protection from discomfort and harm)

Burns and Grove (2013) described beneficence as the participant's right to be protected from any harm or discomfort that might arise from participating in a study. This ethical principle stresses that the researcher should not place participants in any circumstances that may cause any sort of harm but rather do good. The participants were not exposed to any type of harm in the course of the voluntary study.

The principle of beneficence is manifested in the risk/benefit ratio. There is an inherent discrepancy in the ratio, however, because the word 'benefit' has no connotation to probability, whereas risk entails a future occurrence (Botma et al., 2010). Researchers have a duty to minimise harm and to maximise benefits to the participants.

3.16.2 Informed consent

Informed consent is an essential part of any research study. Participants must be given sufficient information about the study, must be able to understand the information that is provided, and must be allowed freedom of choice as to whether

they want to participate or not. Consent must be voluntary and in no way must the researcher coerce participation. Informed consent is provided in writing and the participant is asked to sign this form. The purpose of the study, the participants' responsibilities, the costs and benefits are outlined in the document (Polit and Beck, 2012).

Informed consent covers three important themes: participants must be informed of what is required from them; the researcher must ascertain if the participants have an accurate understanding of the research; and participants must be allowed to choose whether or not they want to be a part of the study (Creswell, 2012). The researcher's covering letter explained the research purpose aims and purposes clearly and concisely and participation was voluntary. Participants were also made aware that even if they initially consented to the study, they were able to withdraw consent at any time during the study. Informed consent was obtained in writing from the relevant authority of the private healthcare group in KwaZulu-Natal.

3.16.3 Principle of justice

Brink et al., (2012) stated that the participants in a study must be chosen using the process of fairness, i.e. all participants must be treated in a way that is fair and consistent. Participants are also selected on the basis that they will contribute to the study and not because they are available or can be manipulated in any way. Participants should not be given any special privileges or benefits for participation in a study.

The researcher must adhere to the research protocol and the information provided in the information leaflet; no new actions or interventions may be added without consent from the participants. Participants should also be provided with contact numbers should they feel the need to contact the researcher for clarity on the study (Botma et al., 2010). For this study, the researcher provided correct and honest information to the participants and abided to the information set provided during the course of data collection. No special benefits were bestowed on participants who were a part of the study.

3.16.4 The right to privacy

Louis et al., (2011)) emphasised that researchers should ensure that their research does not infringe on the participants' privacy. The responses garnered during research must be guarded with the strictest level of confidence. For this study, all the data collection instruments were locked away in a place of safety and the researcher was the only individual who was able to access the data. Participants' rights to privacy were protected through anonymity and confidentiality.

3.16.5 Anonymity

Anonymity is an essential ethical consideration that must be adhered to, as it protects people's rights to privacy. The researcher should not be able to create a link between the respondent and the data that have been collected (Polit and Beck, 2012).The researcher must take every necessary step to ensure that the respondents remain nameless in the course of a study (Bryman, 2012). For this research, each questionnaire was allocated a coded number instead of a name. The researcher drew up a list of names with the matching code numbers for reference purposes only, which was securely locked away.

3.16.6 Confidentiality

The principle of confidentiality is maintained when participants' responses are not made public or available to people who were not directly related to the research. As discussed, various confidentiality procedures are used by researchers (Ram, 2013).A breach of confidentiality occurs when a researcher allows unauthorised person access to the collected data (Creswell, 2012). Kumar (2011) discussed the guidelines to maintain confidentiality, as a breach may cause psychological harm to participants. These guidelines include only capturing essential personal and identifying information on the data collection sheets, ensuring limited access to data, locking up the data collection tools, and the anonymous reporting of data. For this study, the data collection tools were not accessible to anyone except the researcher.

3.16.7 Non-maleficence

The principle of non-maleficence must be maintained at all times. This implies that participants must not be exposed to any form of harm, be it emotional, physical,

social or financial. Participants must be chosen based on their ability to increase the body of knowledge on the subject under study. Researchers must take all steps to ensure that participants are protected from this (Polit and Beck, 2012). All participants in the study were protected from any sort of harm.

3.16.8 Principle of respect for all persons

The principle of respect lies in the premise that all persons are able to make their own decisions and are self-determined. The participants gave consent to participate in the study freely and without duress. The participants should also be allowed to withdraw from the study at any time. The researcher must further respect the values and traditions of the people who form part of the study group. Children and persons with disabilities or mental disorders require additional protection (Dillman et al., 2014).

3.17 Scope and limitations of the study

The nursing staff, which formed the second sample in the study, was not able to receive the questionnaires electronically from the Survey Monkey database, therefore the data collection instruments had to be hand delivered and fetched on completion from the four private healthcare institutions under study. The data had to be captured manually, lengthening the overall phase of data collection. The nursing services managers were not included in the study as this would have involved the inclusion of another sample in the study. The researcher could not deduce if the nursing manager leadership competencies influenced their subordinates' competencies in any way. The questionnaire asked respondents to state their length of service as unit managers in the institution, rather than ascertaining the total number of years in a management position, therefore no concrete conclusion between seniority in management and leadership competencies could be made.

3.18 Conclusion

This chapter discussed the essential aspects of the research framework that was used in this study. The research methodology, rationale for the study and the research design was explained in sufficient detail. The chapter outlined the research instruments, sample size and the sample method used in the data collection

process. Data analysis was described briefly and the chapter concluded with the ethical considerations and elimination of bias in the study.

Chapter 4: Results

4.1 Introduction

This chapter provides a detailed statistical analysis of the data that was collected from both the managers and subordinates surveys. The data is represented in appropriate tables and graphs.

4.2 Results

The questionnaires were submitted via email to the 33 unit managers in the first sample. All the respondents completed and submitted the questionnaires electronically, making the response rate 100% for the first sample. The manual questionnaires, together with a list of the names of the nursing staff included in the sample, were hand delivered to the HR departments of the four private healthcare institutions under study. The response rate for the second sample was 239 responses, equating to 100% of the sample size.

Table 4.1: Questionnaire response rate

Details	**No handed out**	**No received**	**% received**	**Not returned/incomplete**
Sample 1- unit managers	33	33	100%	0
Sample 2- nursing staff	315	239	76%	76

According to Figure 4.1, half of the participants were registered nurses (50%) followed by enrolled nurses (29%).

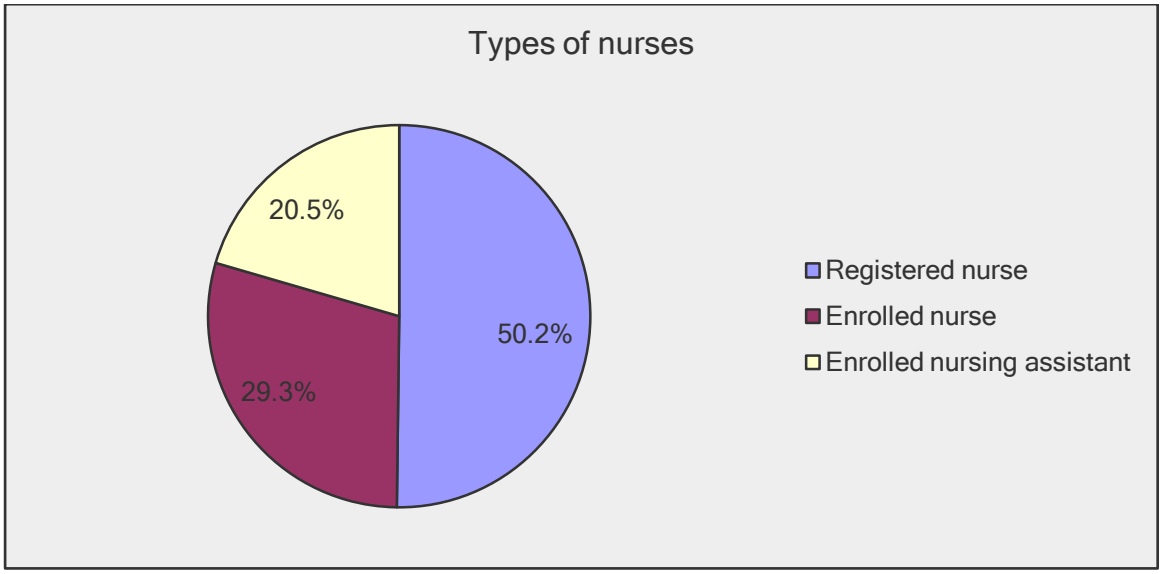

Figure 4.1: Distribution of category of nurses

With regards to institution, 32% were from Institution A and 29% were from Institution C (Figure 4.2).

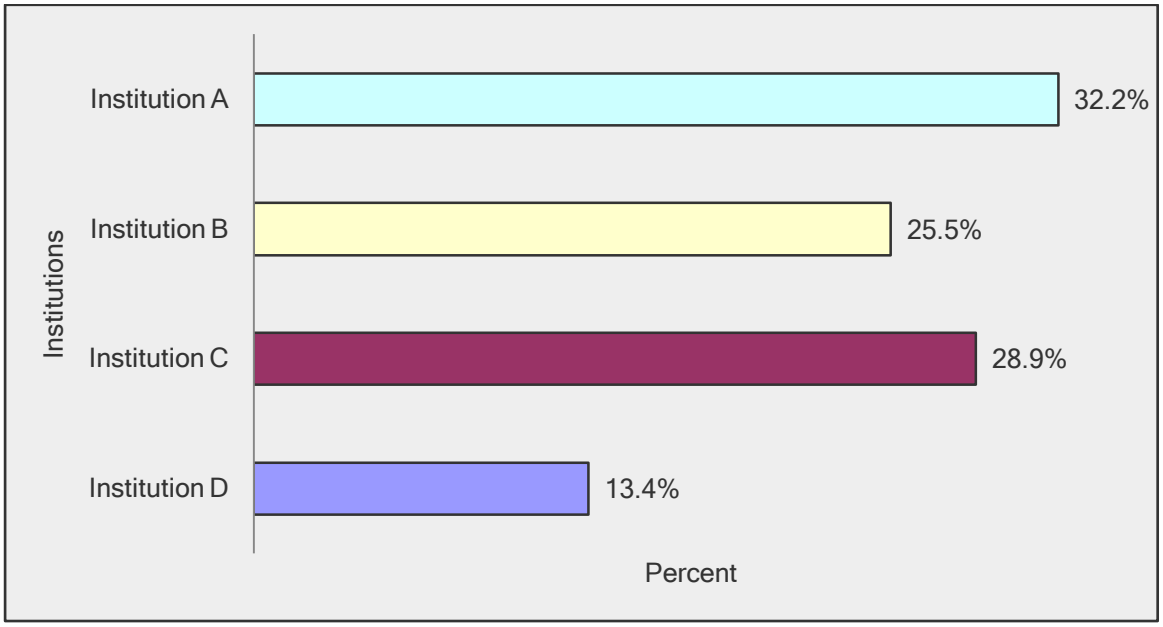

Figure 4.2: Private healthcare institution employed at

More than a third of the participants stated that they had been working between one and five years under their current line manager, and 9% had worked for more than ten years under their current manager (Figure 4.3).

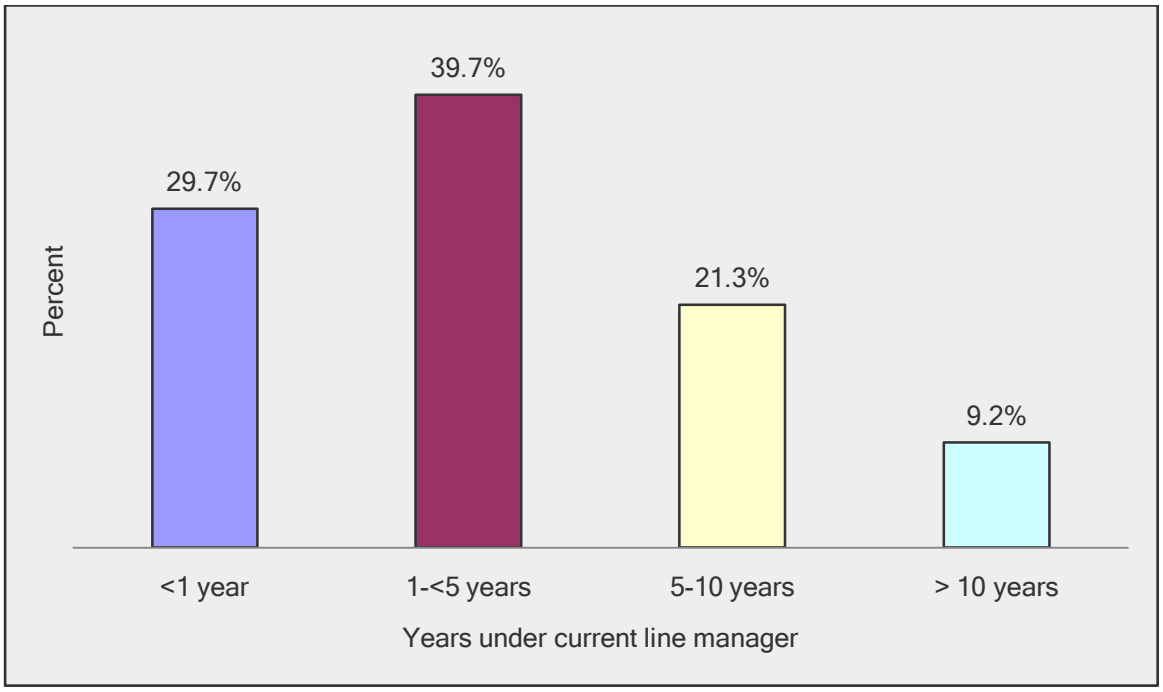

Figure 4.3: Distribution of years of working under current line manager

Participants were asked nine 5point Likert type statements to determine their line manager's ability to inspire a shared purpose, with one being for strongly agree and five for strongly disagree. It was found that more participants agreed or strongly agreed to all the statements, for example 65% and 61% respectively positively mentioned that their line manager acts as a role model for belief in and commitment to the service, and their line manager enables them to see the wider meaning in what they do (Table 4.2).

Table 4.2: Rating of statements for line managers' ability to inspire a shared purpose

Statements	SA[#]	A	NAD	D	SD
My line manager acts as a role model for belief in and commitment to the service	63	93	33	42	8
My line manager enables me to see the wider meaning in what I do	59	87	38	49	6
My line manager behaves consistently and makes sure that our team does so, even when we are under pressure.	53	80	40	54	12
My line manager inspires me in tough times by helping me to focus on the value of my contribution.	53	85	45	44	12
My line manager actively promotes the values of the organisation	59	80	59	33	8
My line manager has the self confidence to question the way things are done in my area of work.	63	75	57	34	10
My line manager supports our team or colleagues when they challenge the way things are done.	55	72	60	43	9
My line manager has the courage to challenge beyond his/her boundaries even when it may involve personal risk	50	81	55	44	9
My line manager takes the initiative and responsibility to put things right outside his/her boundaries if he/she sees others fearing to act	49	82	44	54	10

[#]SA=Strongly Agree, A=Agree NAD=Neither Agree nor Disagree, D=Disagree, SD=Strongly Disagree

The overall scores distribution from nine statements shows that 73% scored 27 points or less indicating (mean=22) they were positive about the line managers' ability to inspire a shared purpose (Figure 4.4).

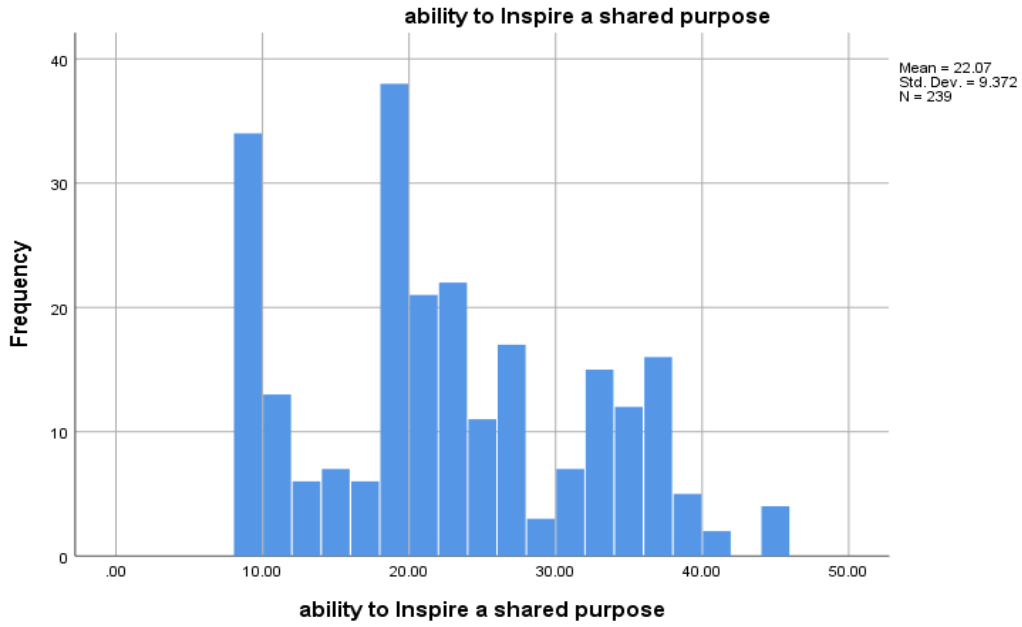

Figure 4.4: Distribution of overall scores for ability to inspire a shared purpose

With regards to investigating a line manager's ability to lead with care, the results indicated that just over half of the participants positively agreed with all the statements. For example, 59% agreed or strongly agreed that their line managers' actions demonstrate that the health and wellbeing of the team are important to him/her, while another 59% positively reported that their line manager carries out genuine acts of kindness for their team (Table 4.3). A fifth (19%) strongly agreed that their line manager shares responsibility for their team members' emotional wellbeing.

Table 4.3: Rating the line manager's ability to lead with care

Statements	SA	A	NAD	D	SD
My line manager notices negative or unsettling emotions in our team and acts to put the situation right.	55	87	40	50	7
My line managers actions demonstrate that the health and well being of the team are important to him/her.	57	85	43	45	9
My line manager carries out genuine acts of kindness for our team.	61	81	38	46	13
My line manager understands the underlying reasons for his/her behaviour and recognises how it affects our team.	52	80	46	49	12
My line manager acts with appropriate empathy toward our team members.	53	78	40	56	12
My line manager cares for his/her own physical and mental well being so that he/she can create a positive atmosphere for our team and service users	51	84	52	41	11
My line manager helps to create conditions that help our team to provide mutual care and support	48	82	55	40	14
My line manager pays close attention to what motivates individuals in our team so that he/she can channel our energy to deliver for customers	47	80	45	52	15
My line manager shares responsibility for our team members emotional well being	46	83	49	44	17

It was found that most of the participants (69%) scored 27 points or less from nine statements indicating (mean=23) they were positive about the managers ability to lead with care (Figure 4.5).

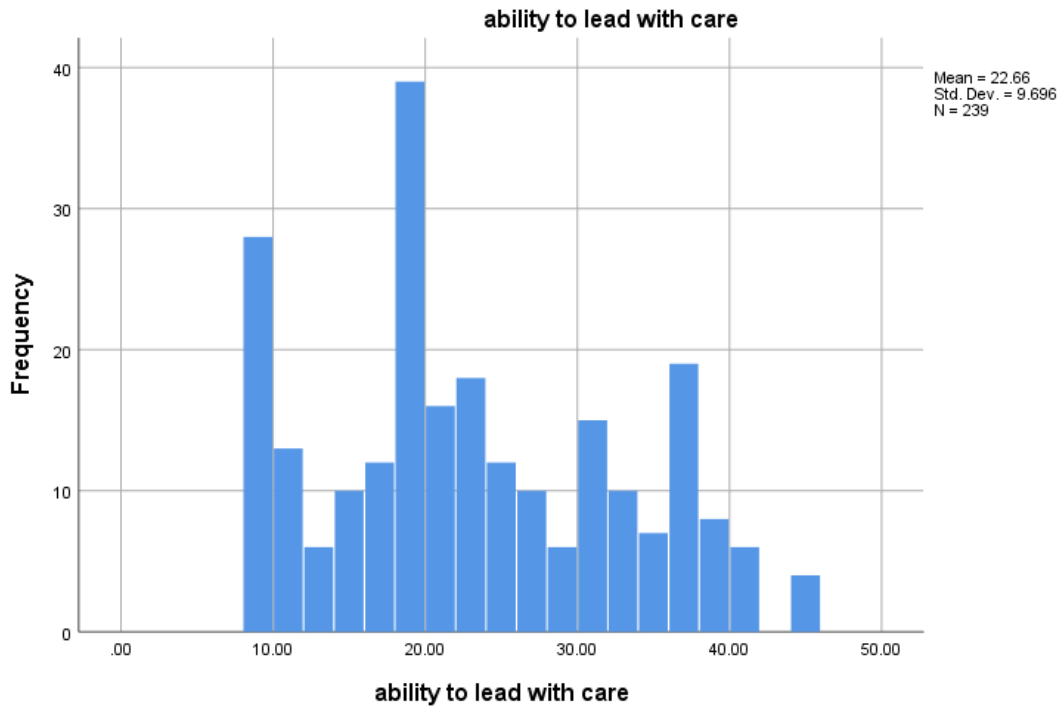

Figure 4.5: Distribution of overall scores for ability to lead with care

According to Table 4.4, more participants positively responded to all the four statements with regards to their line manager's ability to evaluate information. For example, 43% agreed that their line manager records all essential data for their area of work accurately and on time, and 21% strongly agreed that their line manager carries out or encourages research to understand the root cause of issues.

Table 4.4: Rating the line manager's ability to evaluate information

Statements	SA	A	NAD	D	SD
My line manager records all essential data for our area of work accurately and on time	53	103	32	42	9
My line manager looks outside his/her area of work for information or ideas that could bring about continuous improvement	50	81	55	45	8
My line manager creatively applies fresh approaches to improve current ways of working	52	75	56	41	15
My line manager carries out or encourages research to understand the root cause of issues	51	74	49	44	21

It was found that most of the participants (71.5) scored 12 points or less from four statements indicating (mean=10) they were positive about the managers ability to evaluate the information (Figure 4.6).

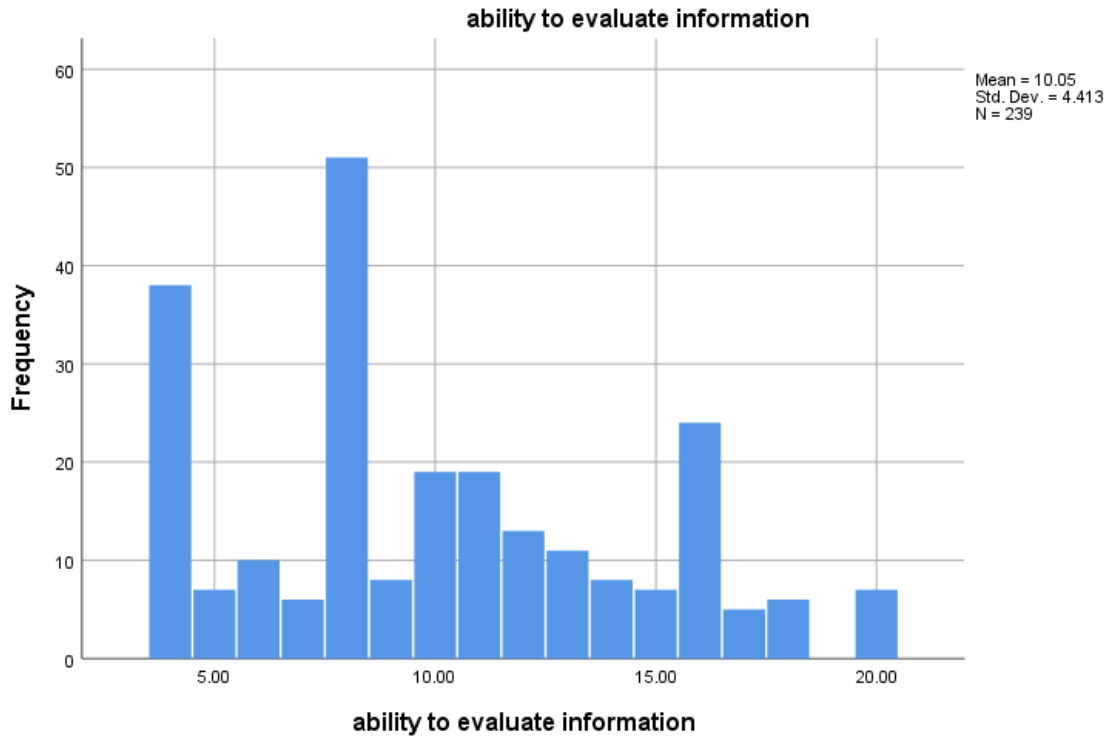

Figure 4.6: Distribution of overall scores for ability to evaluate information

It was found that more participants agreed or strongly agreed with all the statements related to line manager's ability to connect their service. The results highlighted that 46% agreed that their line manager understands the formal structure of their area of work, and 24% strongly agreed that their line manager hands over effectively to others and takes responsibility for continuity of service provision (Table 4.5). On the other hand, 24% participants negatively reported that their line manager knows what he/she needs to do so that well-judged decisions are made.

Table 4.5: Rating the line manager's ability to connect your service

Statements	SA	A	NAD	D	SD
My line manager understands the formal structure of my area of work	57	109	25	42	6
My line manager hands over effectively to others and takes responsibility for continuity of service provision	58	93	40	44	4
My line manager knows what he/she needs to do so that well-judged decisions are made.	56	80	45	45	13
My line manager understands how financial and other pressures influences the way people work at my organisation	49	91	44	37	18
My line manager is flexible in his/her approach so he/she can work effectively with people in our organisation	55	74	55	37	18

The overall scores for the managers ability to connect your services showed that most of the participants (74.5) scored 15 points or less from five statements indicating (mean=12) they were positive about the managers ability to connect their services (Figure 4.7).

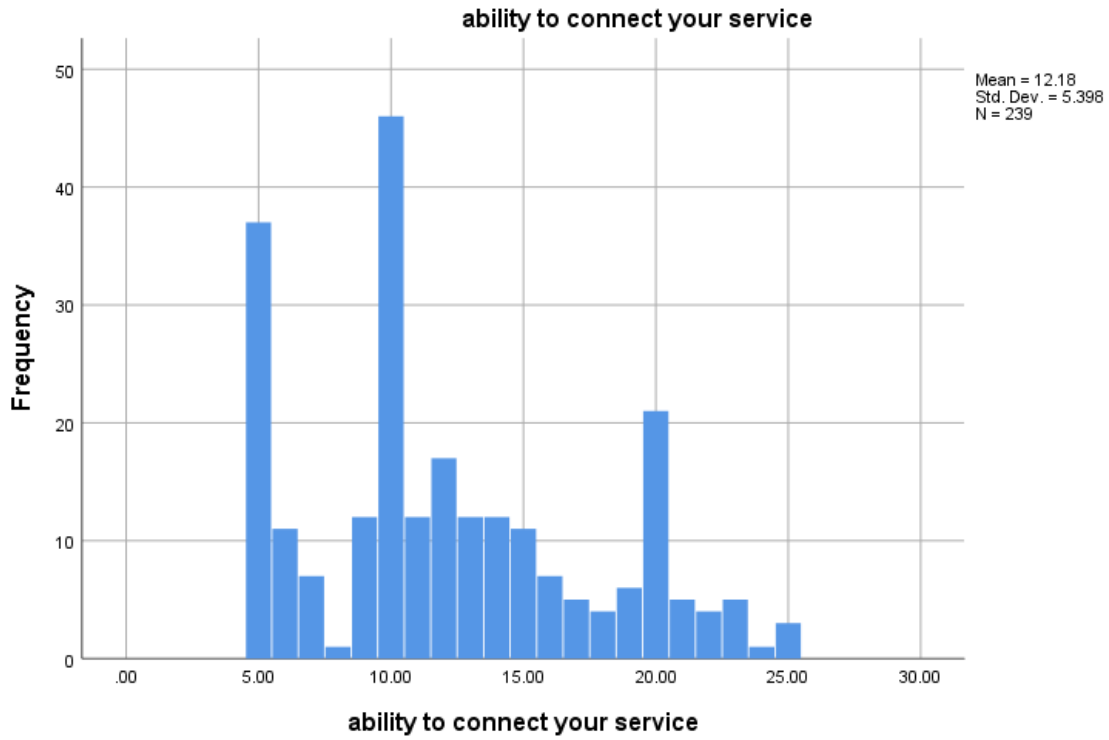

Figure 4.7: Distribution of overall scores for ability to connect your service

Table 4.6 summarises 12 statements regarding line managers' ability to share the organisation's vision. It was found that more participants positively responded to all the statements, for example 26% strongly agreed that their line manager is visible and available to all in their team, and 37% agreed that their line manager describes the purpose of the job, the team and the organisation and how they will be different in future. On the contrary, 31% disagreed and strongly disagreed that their line manager describes future changes in a way that inspires hope, reassures staff, patients and the public, and another 31% disagreed or strongly disagreed that their line manager explains controversial and complex plans in a way that different groups can hear, understand and accept.

Table 4.6: Rating line managers' ability to share the organisation's vision

Statements	SA	A	NAD	D	SD
My line manager is visible and available to all in our team	63	93	28	46	9
My line manager communicates honestly, appropriately and at the right time with people at all levels	51	83	38	55	12
My line manager helps me to appreciate how my work contributes to the aims of our team and the organisation	51	81	45	49	13
My line manager breaks things down and explains clearly	53	80	50	41	15
My line manager helps me to see the vision as achievable by describing the journey we need to take	48	82	54	40	15
My line manager uses stories and examples to bring the vision to life	37	78	64	44	16
My line manager describes the purpose of the job, the team and the organisation and how they will be different in future	44	89	54	39	13
My line manager encourages others to become ambassadors for the organisations vision	42	86	48	48	15
My line manager finds ways to make a vivid picture of future success emotionally compelling	39	81	47	55	17
My line manager describes future changes in a way that inspires hope, reassures staff, patients and the public	43	81	41	53	21
My line manager displays confidence and integrity under criticism	50	68	48	50	23
My line manager explains controversial and complex plans in a way that different groups can hear, understand and accept	43	81	41	54	20

The overall scores for the managers ability to share the organisations vision showed that 64% of the participants scored 36 points or less from 12 statements indicating (mean=31) they were positive about the managers ability to share the organisations vision (Figure 4.8).

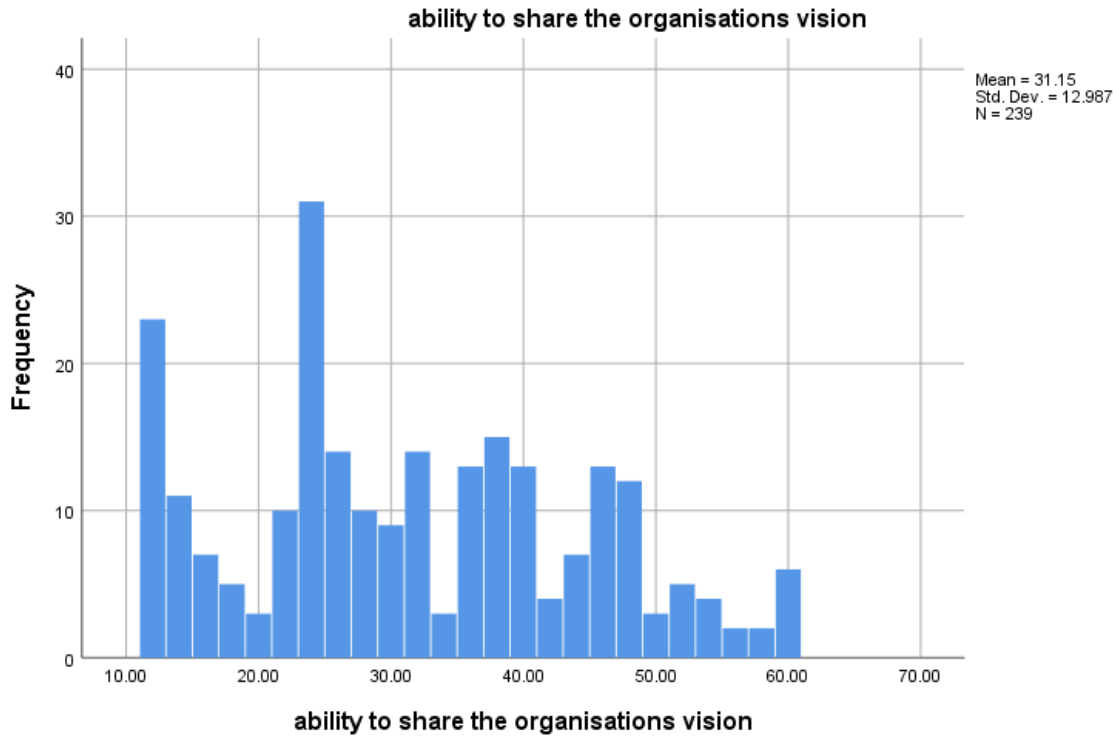

Figure 4.8: Overall scores for the ability to share the organisations vision

To determine the perception of the employees towards their line managers 'ability to engage the team, 11 statements were asked (Table 4.7). The results showed that most participants agreed or strongly agreed to most of the statements. More than half (56%) of the participants positively reported that their line manager recognises and actively appreciates each person's unique perspectives and experience, while a third (31%) agreed that their line manager asks for contributions from their team to raise their engagement. It was also found that 23% disagreed that their line manager creates a common purpose to "unite our team and enable us to work seamlessly together", and another 30% negatively indicated that their line manager shapes future plans with their team.

Table 4.7: Rating line managers' ability to engage their team

Statements	SA	A	NAD	D	SD
My line manager recognises and actively appreciates each person's unique perspectives and experience	55	80	39	51	14
My line manager listens attentively to our team and values our suggestions	52	74	57	39	17
My line manager asks for contributions from our team to raise our engagement	46	78	54	47	14
My line manager enables our team to feed off each other's ideas, even if there is a risk that the ideas may not work	37	74	64	50	14
My line manager encourages team members to get to know each others pressures and priorities, so that we can cooperate to provide seamless service	42	77	56	47	17
My line manager offers support and resources to other teams in my organisation	45	86	43	46	19
My line manager asks for feedback from our team on things that are working well and things we could improve	46	86	45	45	17
My line manager shapes future plans with our team	40	78	50	50	21
My line manager encourages our team to identify problems and solve them	52	76	49	46	16
My line manager stretches our team so that we deliver the best we can	48	74	52	51	14
My line manager creates a common purpose to unite our team and enable us to work seamlessly together to deliver	46	68	56	54	15

Results showed that 64% of the participants scored 33 or less from 11 statements indicating (mean=29) they were positive about the managers ability to engage the team (Figure 4.9).

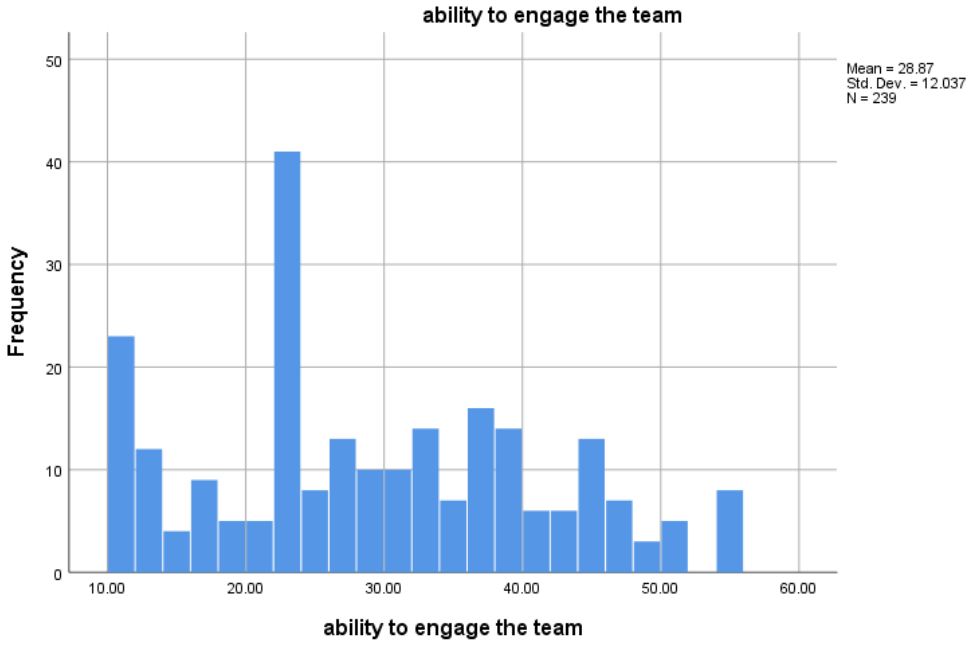

Figure 4.9: Frequency distribution of overall scores for manager's ability to engage the team

Twelve statements were put to the participants to determine their line managers' ability to maintain accountability (Table 4.8). As per Table 4.8, more participants positively responded to all the statements. The results show that 60% of the participants agreed or strongly agreed that their line manager specifies and prioritises what is expected of individuals and the team, and 38% agreed that their line manager makes tasks meaningful and links them to organisational goals. On the contrary, more than a third (34%) said that their line manager does not constantly look for opportunities to celebrate and reward high standards, and 31% disagreed or strongly disagreed that their line manager shares stories and symbols of success that create pride in achievement.

Table 4.8: Rating line managers' ability to maintain accountability

Statements	SA	A	NAD	D	SD
My line manager takes personal responsibility for his/her own performance	60	79	43	48	9
My line manager specifies and prioritizes what is expected of individuals and the team	51	93	44	43	8
My line manager makes tasks meaningful and links them to organisational goals	50	90	42	50	7
My line manager ensures that individual and team goals are specific, measurable, time bound and realistic	48	84	53	44	10
My line manager sets clear standards for behaviour as well as for achieving tasks	52	87	44	44	12
My line manager gives balanced feedback and support to improve performance	51	80	52	41	15
My line manager acts quickly to manage poor performance	53	74	47	51	14
My line manager constantly looks for opportunities to celebrate and reward high standards	43	69	45	59	23
My line manager actively links feedback to the overall vision for success	43	76	49	53	18
My line manager encourages a climate of high expectations in which everyone looks for ways for service delivery to be even better	52	75	48	48	16
My line manager shares stories and symbols of success that create pride in achievement	45	67	52	56	19
My line manager champions a mindset of high ambition for me, the team and the organisation	47	60	58	51	23

The overall scores for the ability to maintain accountability showed that 67.8% of the participants scored 36 or less from 12 statements indicating (mean=31) they were positive about the managers ability to maintain accountability (Figure 4.10).

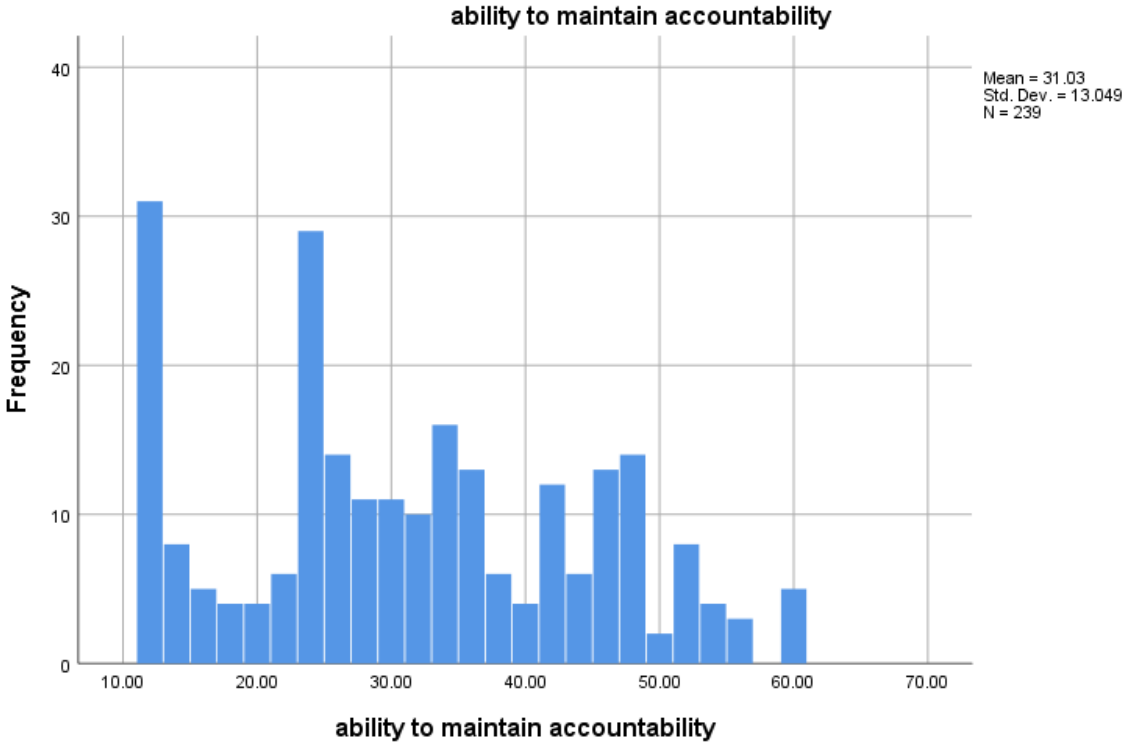

Figure 4.10: Frequency distribution of overall scores for ability to maintain accountability

To investigate employee perceptions with regards to their line managers' ability to develop capability, ten statements were posed to them (Table 4.9). The results indicate that more participants positively responded to all the statements, for example 61% positively mentioned that their line manager looks for opportunities to develop him/herself and learn things outside of his/her comfort zone, while56% answered affirmatively that their line manager provides development opportunities for their team through experience and formal training. The results also showed that more than a third (34%) did not agree that their line manager spots high potential individuals in their team and focuses development efforts on them, and 33% said that their line manager does not provide long term mentoring or coaching.

Table 4.9: Rating line managers' ability to develop capability

Statements	SA	A	NAD	D	SA
My line manager looks for opportunities to develop him/herself and learn things outside of his/her comfort zone	46	101	44	37	11
My line manager understands the importance and impact of people development	49	84	49	44	13
My line manager builds people development into his/her planning for our team	46	78	60	43	12
My line manager understands my strengths and developmental needs	50	82	50	42	15
My line manager provides development opportunities for our team through experience and formal training	51	83	45	46	14
My line manager looks for and provides regular positive and developmental feedback for our team to help us focus on the right areas to develop professionally	46	80	45	51	17
My line manager explores career aspirations of me and my team and shapes development activities to support us	40	78	53	54	14
My line manager provides long term mentoring or coaching	46	73	42	59	19
My line manager spots high potential individuals in my team and focus development efforts on them	45	68	45	63	18
My line manager creates the conditions in which our team takes responsibility for our development and learns from each other	46	74	50	51	18

Regarding managers ability to develop capability, the overall scores showed that 64% of the participants agreed or strong agreed to all the statements (mean=26) (Figure 4.11).

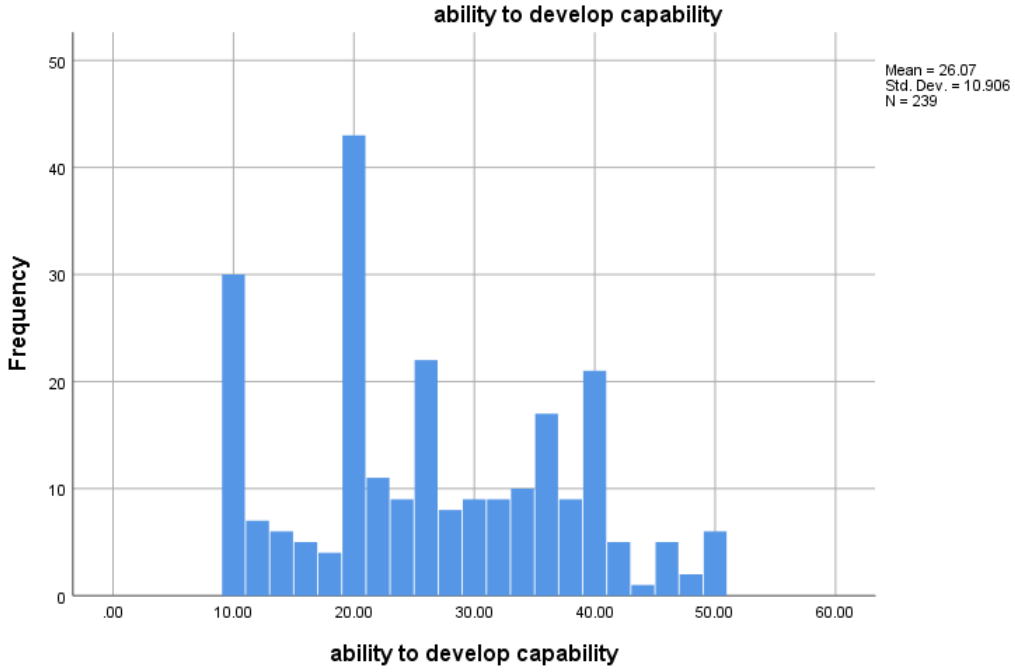

Figure 4.11: Frequency distribution of overall scores for the ability to develop capability

In order to determine the participants 'perceptions of their line managers' ability to influence for results, 11 statements were presented (Table 4.10). The results show that more than half of the participants indicated that their line manager is respectful in all circumstances (58%), that their line manager shares issues and information to help their team understand his/her thinking (59%), and their line manager listens to different views (58%). It was also found that more than a quarter of the participants disagreed that their line manager uses symbols, stories and other memorable approaches to increase his/her impact (31%).

Table 4.10: Rating line managers' ability to influence for results

Statements	SA	A	NAD	D	SD
My line manager is respectful in all circumstances	58	81	37	49	14
My line manager listens to different views	55	84	34	48	18
My line manager shares issues and information to help our team understand his/her thinking	52	88	41	46	12
My line manager develops and presents well reasoned arguments	46	81	52	46	14
My line manager avoids jargon and expresses him/herself clearly	44	82	46	53	14
My line manager adapts his/her communication to the needs and concerns of our team	48	77	46	52	16
My line manager uses symbols, stories and other memorable approaches to increase his/her impact	38	80	47	57	17
My line manager checks that others in the team have understood him/her	49	71	41	61	17
My line manager creates formal and informal two-way communication channels so that he/she can be persuasive	46	69	52	56	16
My line manager contributes calmly and productively to debates arising from strongly-held beliefs, even when his/her own emotions have been excited	45	65	57	54	18
My line manager builds enough support for the idea or initiative to take a life of its own	45	69	52	55	18

With regards to managers ability to influence results, results indicated that most of the participants were positive about the constructs as 66.5% agreed or strongly agreed to all the statements (mean=29) (Figure 4.12).

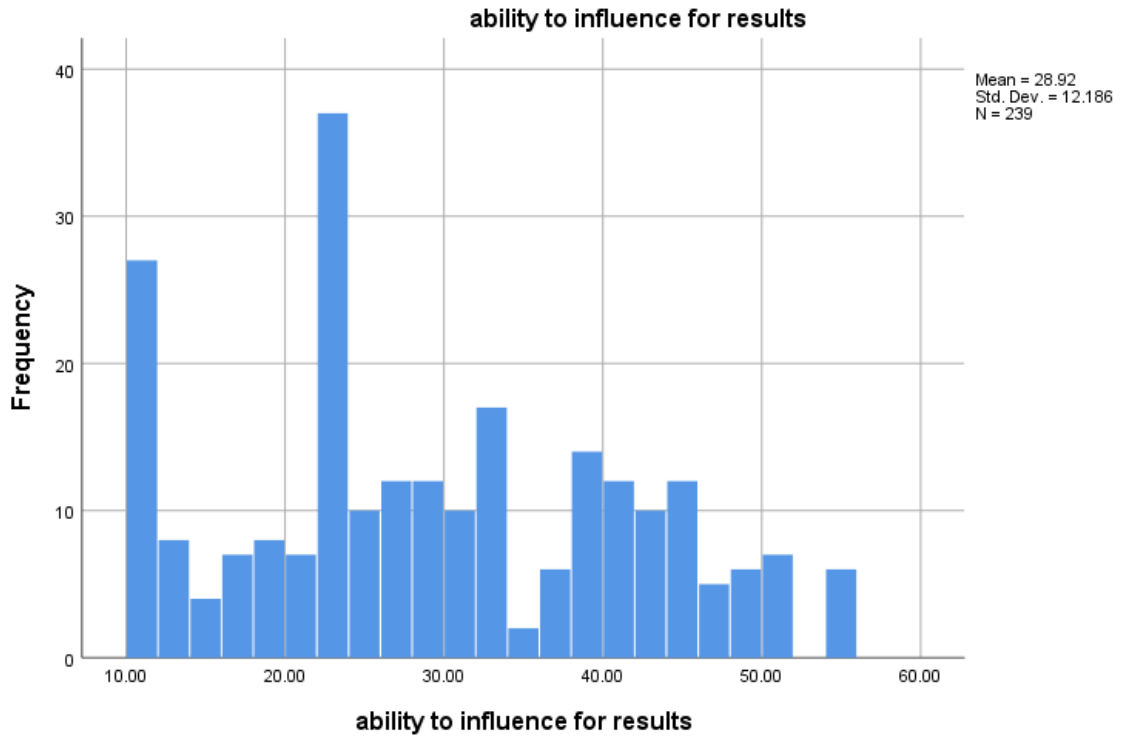

Figure 4.12: Frequency distribution of overall scores for the ability to influence results

To conduct a further analysis, the scores for all the statements for each of the dimensions were added to get a final score, which was then tested for normality by using the Kolmogorov-Smirnov, test (Table 4.11). The normality test showed that the overall scores for all the dimensions were not normally distributed ($p<0.05$), therefore inferential tests were conducted using a non-parametric test.

Table 4.11: Normality test for all the constructs

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Ability to inspire a shared purpose	.082	239	.001	.947	239	.000
Ability to lead with care	.103	239	.000	.947	239	.000
Ability to evaluate information	.147	239	.000	.939	239	.000
Ability to connect your service	.134	239	.000	.932	239	.000

Ability to share the organisation's vision	.105	239	.000	.958	239	.000
Ability to engage the team	.101	239	.000	.958	239	.000
Ability to maintain accountability	.073	239	.004	.955	239	.000
Ability to develop capability	.110	239	.000	.951	239	.000
Ability to influence for results	.108	239	.000	.955	239	.000
a. Lilliefors Significance Correction						

The Kruskal-Wallis Test was conducted to compare the mean rank for all the dimensions with regards to nurse category (Table 4.12). The study found that the mean ranks were significantly different with regard to ability to inspire a shared purpose, ability to engage the team, and ability to maintain accountability ($p<0.05$). This means that enrolled nurses have a better perception than other nurses of their line managers with regards to their ability to inspire a shared purpose, engage the team, and maintain accountability. All the other dimensions had similar mean ranks among the different nurse groups ($p>0.05$).

Table 4.12: Comparison of mean rank for all dimensions among different nurse categories

Dimensions	Nurse category	N	Mean Rank	Chi-Square	df	p-value
Ability to inspire a shared purpose	Registered nurse	120	112.39	6.393	2	0.041
	Enrolled nurse	70	137.51			
	Enrolled nursing assistant	49	113.63			
Ability to lead with care	Registered nurse	120	114.55	4.378	2	0.112
	Enrolled nurse	70	134.46			
	Enrolled nursing assistant	49	112.69			
Ability to evaluate	Registered nurse	120	114.47	4.529	2	0.104
	Enrolled nurse	70	134.63			

information	Enrolled nursing assistant	49	112.65			
Ability to connect your service	Registered nurse	120	113.04	5.786	2	0.055
	Enrolled nurse	70	136.61			
	Enrolled nursing assistant	49	113.33			
Ability to share the organisation's vision	Registered nurse	120	112.62	5.547	2	0.062
	Enrolled nurse	70	136.29			
	Enrolled nursing assistant	49	114.80			
Ability to engage the team	Registered nurse	120	111.69	6.637	2	0.036
	Enrolled nurse	70	137.76			
	Enrolled nursing assistant	49	114.99			
Ability to maintain accountability	Registered nurse	120	112.87	7.103	2	0.029
	Enrolled nurse	70	138.45			
	Enrolled nursing assistant	49	111.11			
Ability to develop capability	Registered nurse	120	112.60	4.992	2	0.082
	Enrolled nurse	70	135.31			
	Enrolled nursing assistant	49	116.23			
Ability to influence for results	Registered nurse	120	115.24	3.406	2	0.182
	Enrolled nurse	70	132.75			
	Enrolled nursing assistant	49	113.44			

The Kruskal-Wallis Test showed that healthcare institutions play a significant role with regards to all the dimensions. The results showed that the nurses from institution B had a significantly higher mean rank than the other three institutions for all the dimensions ($p<0.05$) (see Table 4.13). This indicates that nurses from institution B have a more positive perception of all the dimensions than their counterparts.

Table 4.13: Comparison of mean rank for all dimensions among different healthcare institutions

Dimensions	Healthcare institution	N	Mean Rank	Chi-square	df	p-value
Ability to inspire a shared purpose	Institution D	32	122.05	14.206	3	0.003
	Institution C	69	98.3			
	Institution B	61	143.92			
	Institution A	77	119.65			
Ability to lead with care	Institution D	32	119.34	14.159	3	0.003
	Institution C	69	98.05			
	Institution B	61	143.61			
	Institution A	77	121.24			
Ability to evaluate information	Institution D	32	121.39	7.789	3	0.051
	Institution C	69	103.66			
	Institution B	61	137.24			
	Institution A	77	120.41			
Ability to connect your service	Institution D	32	129.73	27.785	3	<0.05
	Institution C	69	89.05			
	Institution B	61	151.84			
	Institution A	77	118.47			
Ability to share the organisation's vision	Institution D	32	121.52	22.073	3	<0.05
	Institution C	69	98.97			
	Institution B	61	153.66			
	Institution A	77	111.55			
Ability to engage the team	Institution D	32	122.13	27.398	3	<0.05
	Institution C	69	93.12			
	Institution B	61	155.84			
	Institution A	77	114.82			
Ability to maintain accountability	Institution D	32	124.38	15.536	3	0.001
	Institution C	69	98.12			
	Institution B	61	145.56			
	Institution A	77	117.54			

Ability to develop capability	Institution D	32	123.42	24.871	3	<0.05
	Institution C	69	93.56			
	Institution B	61	153.39			
	Institution A	77	115.82			
Ability to influence for results	Institution D	32	114.48	19.032	3	<0.05
	Institution C	69	99.3			
	Institution B	61	151.08			
	Institution A	77	116.21			

Using the Kruskal-Wallis Test, the study found that years of experience under the current line manager did not influence nurses' perception towards their line manager on any dimension ($p>0.05$). This indicated that nurses having different years of experience under their current line managers had similar mean ranks for all the dimensions (Table 4.14).

Table 4.14: Comparison of mean rank for all dimension among different years of experience with their current line managers

Dimensions	**No of years working under your current line manager**	**N**	**Mean Rank**	**Chi-square**	**df**	**p-value**
Ability to inspire a shared purpose	<1 year	71	123.58	5.036	3	0.169
	1-<5 years	95	109.78			
	5-10 years	51	135.81			
	> 10 years	22	115.91			
Ability to lead with care	<1 year	71	123.58	4.64	3	0.2
	1-<5 years	95	109.57			
	5-10 years	51	134.58			
	> 10 years	22	119.68			
Ability to evaluate information	<1 year	71	123.01	3.94	3	0.268
	1-<5 years	95	110.58			
	5-10 years	51	133.61			
	> 10 years	22	119.41			
Ability to connect your	<1 year	71	123.06	4.053	3	0.256
	1-<5 years	95	110.04			

service	5-10 years	51	133.22			
	> 10 years	22	122.48			
Ability to share the organisation's vision	<1 year	71	121.35	3.465	3	0.325
	1-<5 years	95	111.33			
	5-10 years	51	133.4			
	> 10 years	22	122			
Ability to engage the team	<1 year	71	123.11	3.583	3	0.31
	1-<5 years	95	110.51			
	5-10 years	51	132.25			
	> 10 years	22	122.55			
Ability to maintain accountability	<1 year	71	127.41	3.647	3	0.302
	1-<5 years	95	109.69			
	5-10 years	51	128.01			
	> 10 years	22	122.05			
Ability to develop capability	<1 year	71	123.41	4.969	3	0.174
	1-<5 years	95	109.65			
	5-10 years	51	135.61			
	> 10 years	22	117.52			
Ability to influence for results	<1 year	71	123.75	3.918	3	0.27
	1-5 years	95	110.98			
	5-10 years	51	133.6			
	> 10 years	22	115.32			

The Spearman's rho correlation test, which was conducted to find significant relationships among the dimensions, found that all the dimensions were very strongly positively correlated with each other ($p<0.05$) (see Table 4.15). This meant that if the overall score was high for one dimension, then the other dimension score would also be high.

Table 4.15: Spearman's rho correlation test among the dimensions

			D1	D2	D3	D4	D5	D6	D7	D8	D9
Spearman's rho	D1	r	1.000	.890**	.827**	.871**	.859**	.855**	.819**	.846**	.850**
		p	.	.000	.000	.000	.000	.000	.000	.000	.000
	D2	r	.890**	1.000	.887**	.893**	.892**	.900**	.891**	.864**	.862**
		p	.000	.	.000	.000	.000	.000	.000	.000	.000
	D3	r	.827**	.887**	1.000	.841**	.848**	.847**	.845**	.828**	.837**
		p	.000	.000	.	.000	.000	.000	.000	.000	.000
	D4	r	.871**	.893**	.841**	1.000	.906**	.910**	.859**	.872**	.866**
		p	.000	.000	.000	.	.000	.000	.000	.000	.000
	D5	r	.859**	.892**	.848**	.906**	1.000	.924**	.889**	.892**	.869**
		p	.000	.000	.000	.000	.	.000	.000	.000	.000
	D6	r	.855**	.900**	.847**	.910**	.924**	1.000	.883**	.906**	.873**
		p	.000	.000	.000	.000	.000	.	.000	.000	.000
	D7	r	.819**	.891**	.845**	.859**	.889**	.883**	1.000	.910**	.874**
		p	.000	.000	.000	.000	.000	.000	.	.000	.000
	D8	r	.846**	.864**	.828**	.872**	.892**	.906**	.910**	1.000	.904**
		p	.000	.000	.000	.000	.000	.000	.000	.	.000
	D9	r	.850**	.862**	.837**	.866**	.869**	.873**	.874**	.904**	1.000
		p	.000	.000	.000	.000	.000	.000	.000	.000	.

**. Correlation is significant at the 0.01 level (2-tailed).

Managers

A total of 33 nurse managers completed the self-administered questionnaire. It was found that the data were reliable as the overall Cronbach's Alpha value was 0.996. For each of the dimensions, the Cronbach's alpha value for was >0.80 indicating the data were reliable.

With regards to institution, 40% were from Institution A and 27% each were from Institution B and C respectively (Figure 4.13).

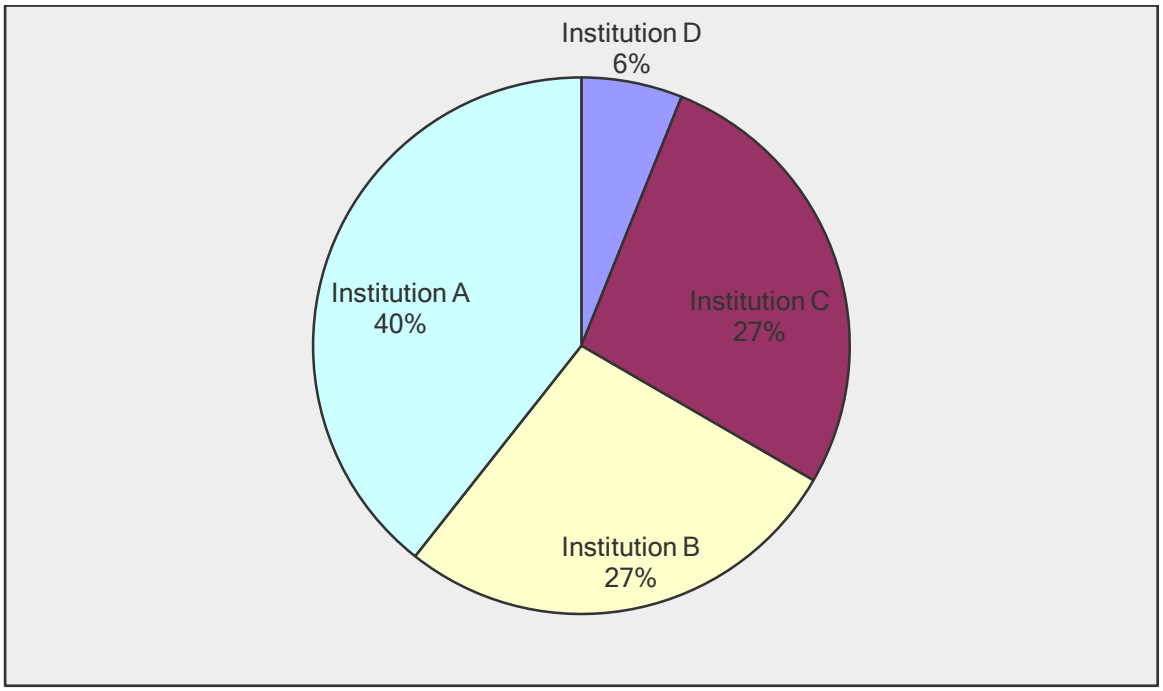

Figure 4.13: Private healthcare institutions of the respondents

It was found than more than half of the managers (55%) had worked five or more years in the current institution (Figure 4.14).

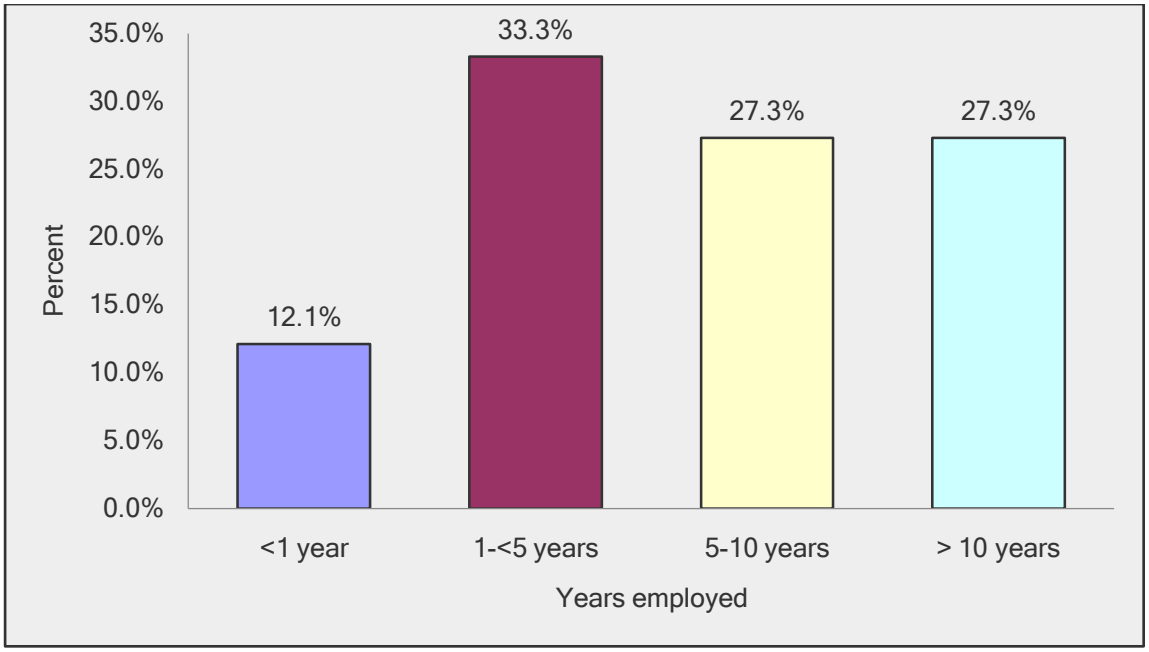

Figure 4.14: Distribution of years at each institution

With regards to the academic qualifications of the managers, it was found that a third did not have any tertiary qualification.

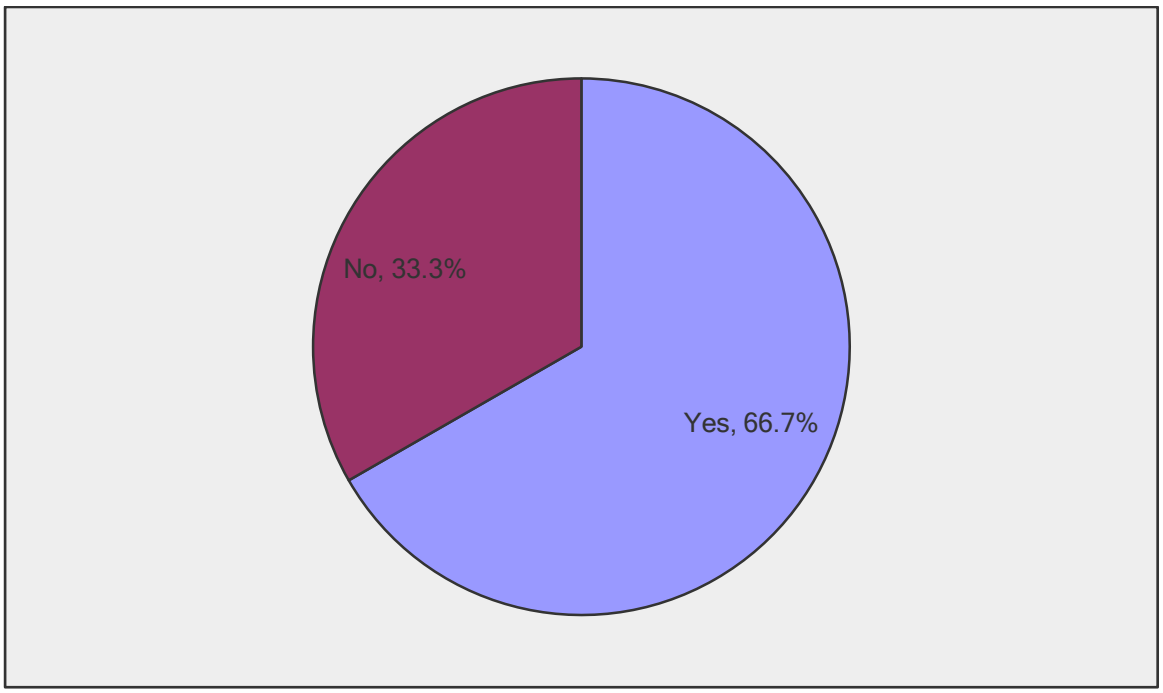

Figure 4.15: Tertiary qualifications amongst managers

Of those who had a tertiary qualification, none had a doctorate and only 4.5% had a Masters qualification (Figure 4.16).

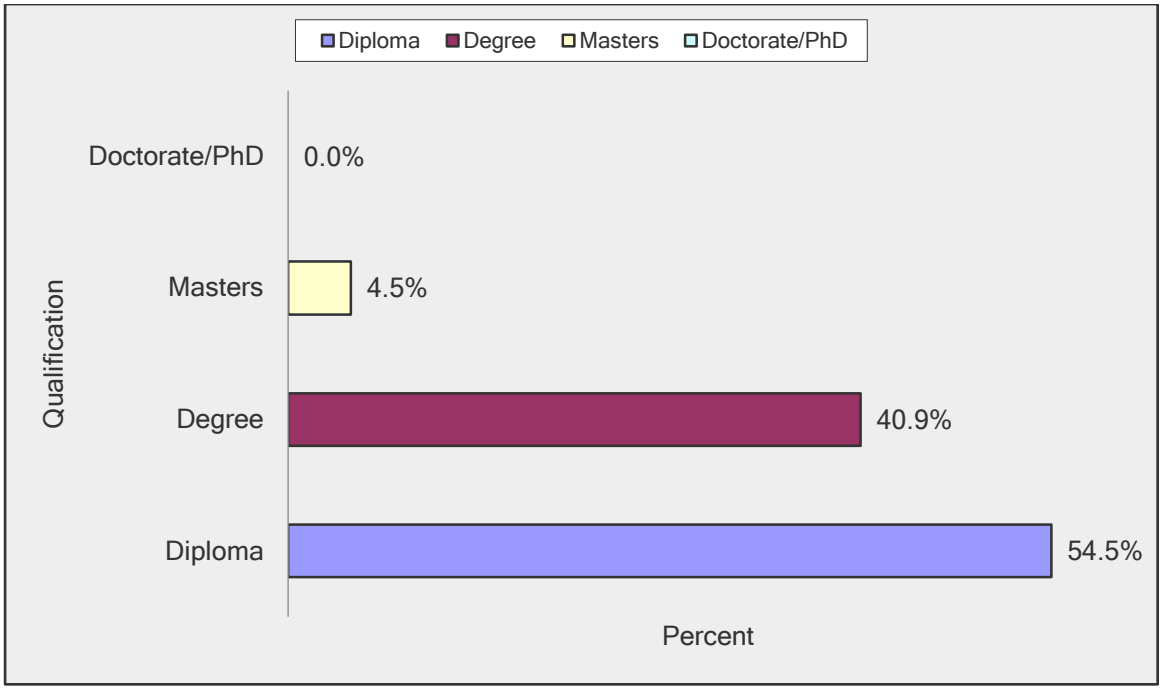

Figure 4.16: Types of tertiary management qualification

Almost quarter of the managers (23%) did not feel that their qualification equipped them to be a better leader (figure 4.17).

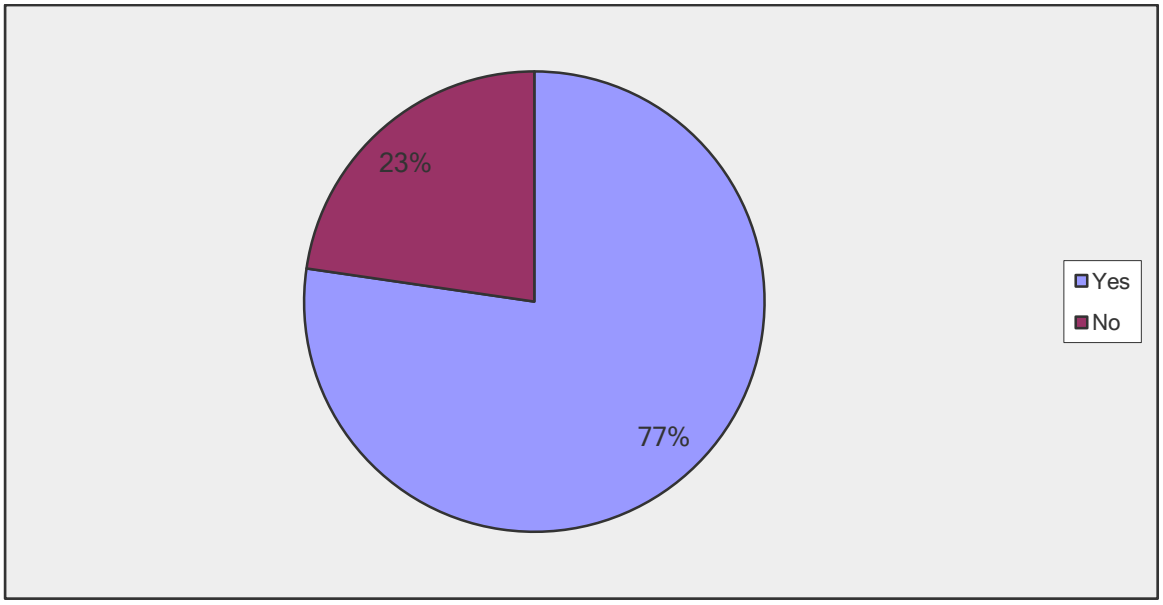

Figure 4.17: Your qualification equips you to be a better leader

When asked if they used a leadership model in their organisation that demonstrates successful leadership, more participants responded negatively (61%).

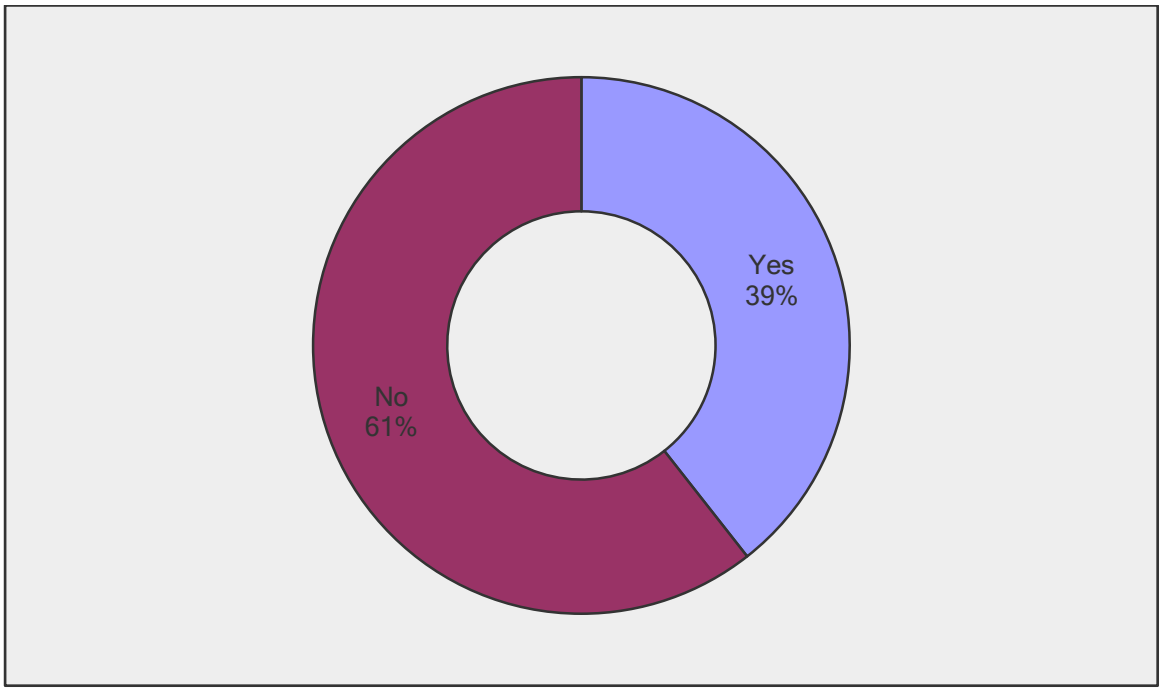

Figure 4.18: Use a nursing/healthcare leadership model in your organisation demonstrates successful leadership

Line managers were asked eight 5-pointLikert type statements to determine if they had the ability to inspire a shared purpose. The results show that most of the line managers agreed or strongly agreed with all the statements, for example, all the managers positively indicated that they actively promote the values of the organisation and act as a model for belief in and commitment to the service. In addition, more than half of the managers strongly agreed that they have the self-confidence to question the way things are done, and support their team or colleagues when they challenge the way things are done. The summary of all the statements are shown in (Table 4.16).

Table 4.16: Summary of statements regarding ability to inspire a shared purpose

Statements	SA	A	NAD	D	SD
I act as a role model for belief in and commitment to the service	20	13	0	0	0
I enable my colleagues to see the wider meaning in what I do	17	14	2	0	0
I behave consistently and make sure that my team does so, even when we are under pressure.	16	17	0	0	0
I actively promote the values of the organisation	19	14	0	0	0
I have the self confidence to question the way things are done in my area of work.	20	11	2	0	0
I supports my team or colleagues when they challenge the way things are done.	18	13	2	0	0
I have the courage to challenge beyond my boundaries even when it may involve personal risk	10	17	5	1	0
I take the initiative and responsibility to put things right outside my boundaries if I see others fearing to act	10	19	4	0	0

The overall scores for shared purpose indicated that all the participants scored less than 24 with a mean score of 12.58. This meant that all the managers agreed or strongly agreed to all the statements (Figure 4.19).

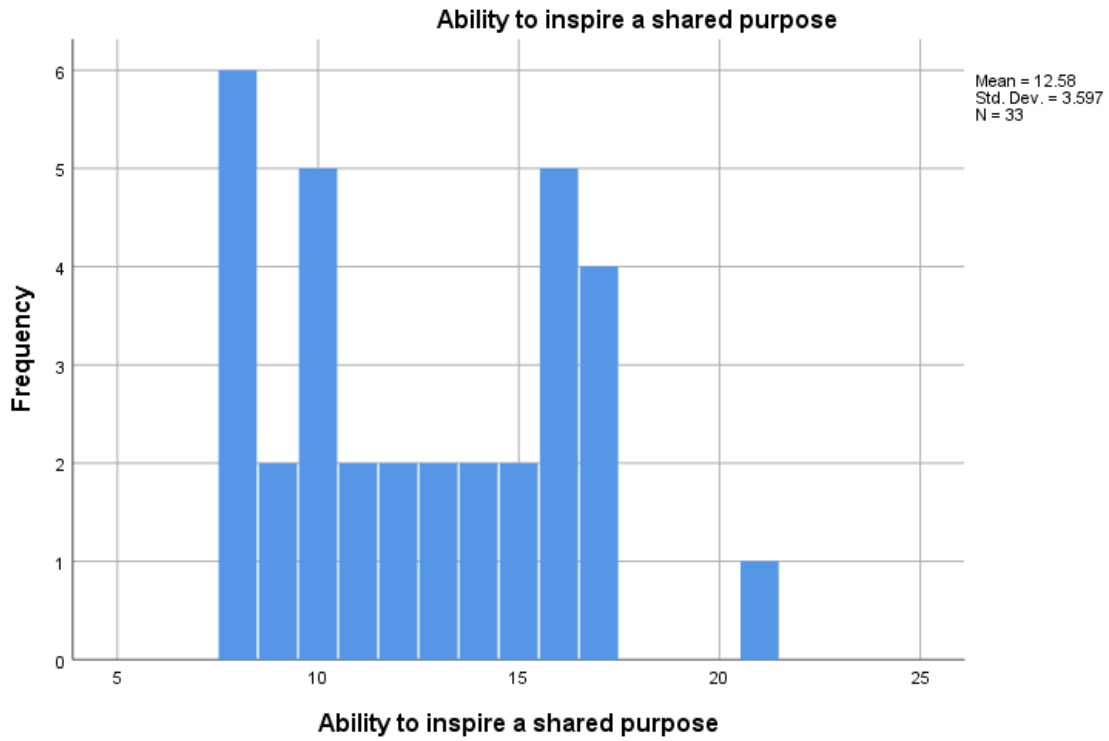

Figure 4.19: Frequency distribution of overall scores for ability to inspire a shared purpose

When it came to investigating the line managers 'ability to lead with care, the results showed that most of the line managers agreed or strongly agreed that they share responsibility for their team members' emotional wellbeing, that they help to create conditions that aid their team to provide mutual care and support, that they act with appropriate empathy towards their team members, that they understand the underlying reasons for their behaviour and recognise how it affects their teams, and that they carry out acts of kindness for their teams. The summary of all the statements are shown in Table 4.17.

Table 4.17: Managers' ability to lead with care

Statements	SA	A	NAD	D	SD
I notice negative or unsettling emotions in our team and acts to put the situation right.	12	17	4	0	0
My actions demonstrate that the health and well being of my team are important to me	14	18	1	0	0
I carry out genuine acts of kindness for my team.	17	15	1	0	0
I understand the underlying reasons for my behaviour and recognises how it affects my team.	14	18	1	0	0
I act with appropriate empathy toward our team members.	17	15	1	0	0
I care for my own physical and mental well being so that I can create a positive atmosphere for my team and service users	14	17	2	0	0
I help to create conditions that help my team to provide mutual care and support	15	17	1	0	0
I take positive action to ensure that other leaders are taking responsibility for the emotional well being of their teams	10	17	5	1	0
I share responsibility for my team members emotional well being	12	20	1	0	0

With regards to have the ability to lead with care, the overall scores showed that most of the participants scored 23 or below (mean=15) which means that they had the ability to lead with care (figure 4.20).

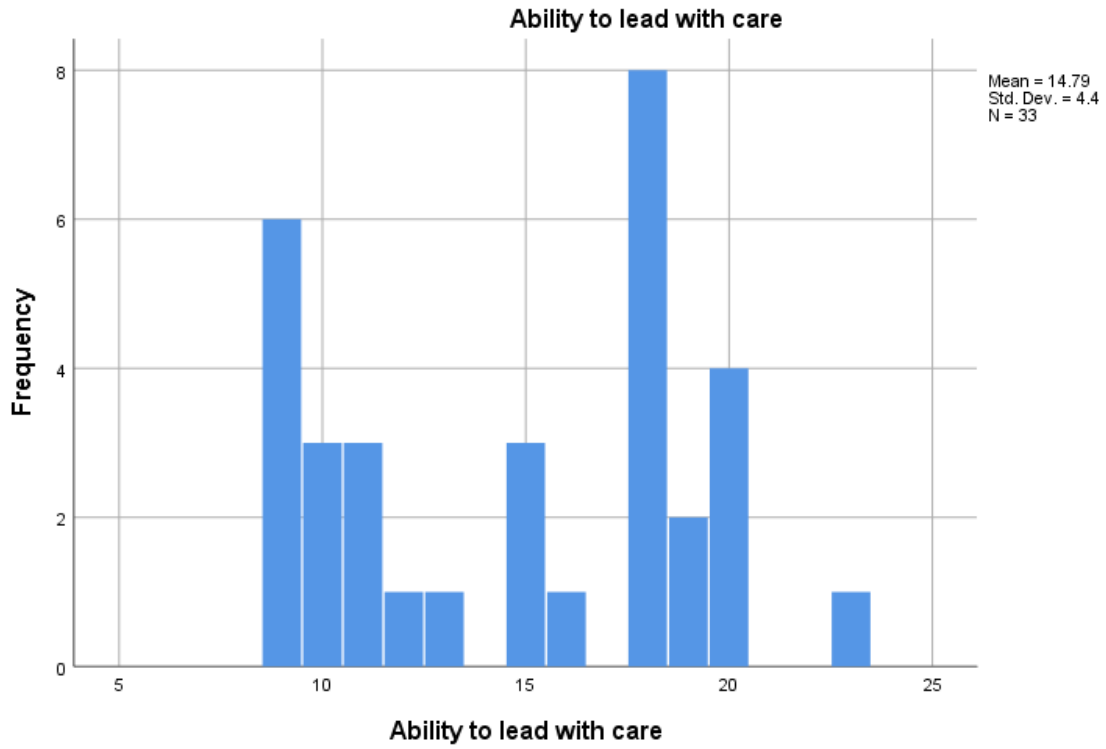

Figure 4.20: Frequency distribution of overall scores for ability to lead with care

As per Table 4.18 below, more line managers positively responded to all seven statements about their ability to evaluate information. For example, 85% of the managers positively mentioned that they recorded all essential data for their area of work accurately and on time, and 55% strongly agreed that they creatively apply fresh approaches to improve current ways of working.

Table 4.18: Frequency distribution of statements regarding ability to evaluate information

Statements	SA	A	NAD	D	SD
I record all essential data for my area of work accurately and on time	13	15	4	1	0
I look outside my area of work for information or ideas that could bring about continuous improvement	11	14	7	1	0
I creatively apply fresh approaches to improve current ways of working	8	18	6	1	0
I carry out or encourage research to understand the root cause of issues	6	15	10	1	1
I establish ongoing methods for measuring performance to get a detailed understanding of what is happening	7	17	8	1	0
I conduct a thorough analysis of data over time and compare outcomes and trends to relevant benchmarks	7	16	9	1	0
I create improved pathways, systems or processes through insights that are not obvious to others	5	15	11	2	0

Based on the below figure, it could be seen that most of the participants (94%) scored 20 or less from seven statements indicating they had the ability to evaluate information.

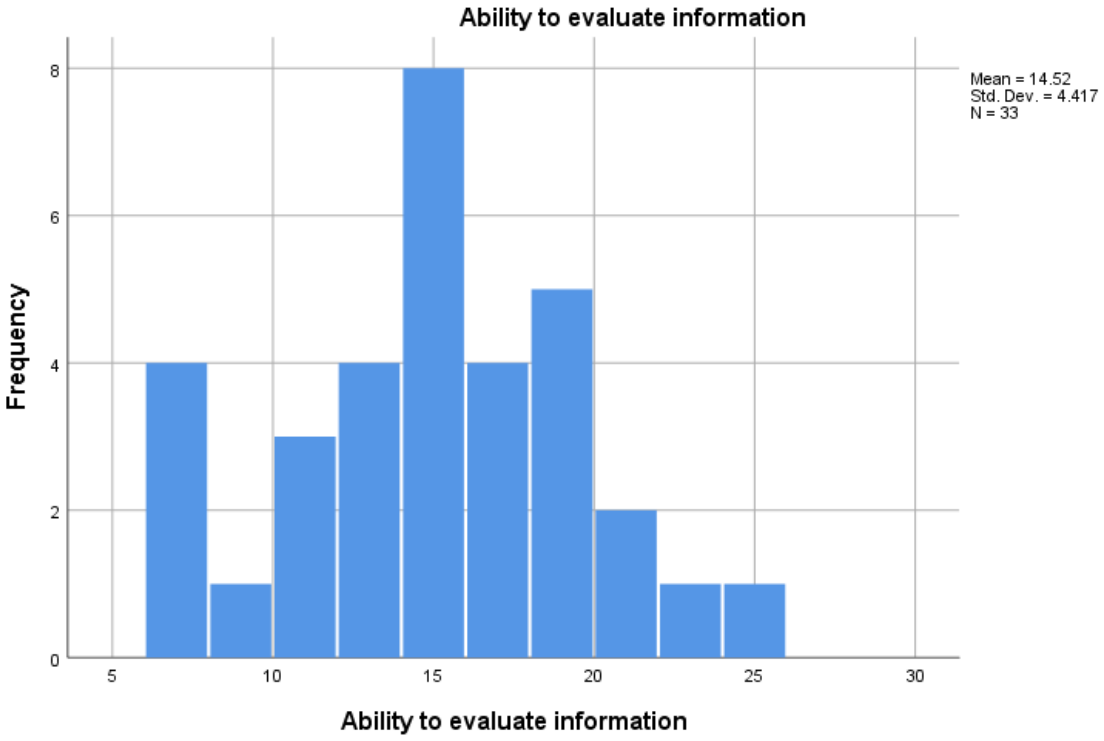

Figure 4.21: Frequency distribution of overall scores for the ability to evaluate information

It was found that more line managers agreed or strongly agreed with all the statements related to their ability to connect their service. The results highlight that all the managers positively indicated that they understand how financial and other pressures influence the way people work, that they hand over effectively to others and take responsibility for continuity of service provision, and that they understand the formal structure of their area of work and how it fits with other teams (Table 4.19).

Table 4.19: Frequency distribution of statements regarding ability to connect your service

Statements	SA	A	NAD	D	SD
I understand the formal structure of my area of work and how it fits with other teams	18	15	0	0	0
I hand over effectively to others and take responsibility for continuity of service provision	17	16	0	0	0
I know what I need to do so that well-judged decisions are made in my organisation	16	16	1	0	0
I understand how financial and other pressures influences the way people work at my organisation	16	17	0	0	0
I am flexible in my approach so that I can work effectively with people in our organisation	15	17	1	0	0
I build strategic relationships to make links across the broader system	11	19	3	0	0
I understand which issues affect decisions across the system so I can anticipate how other stakeholders will react	12	16	5	0	0

All the participants highlighted that they had the ability to connect their services as all of them scored 16 or less from all the seven statements (mean=11) (Figure 4.22).

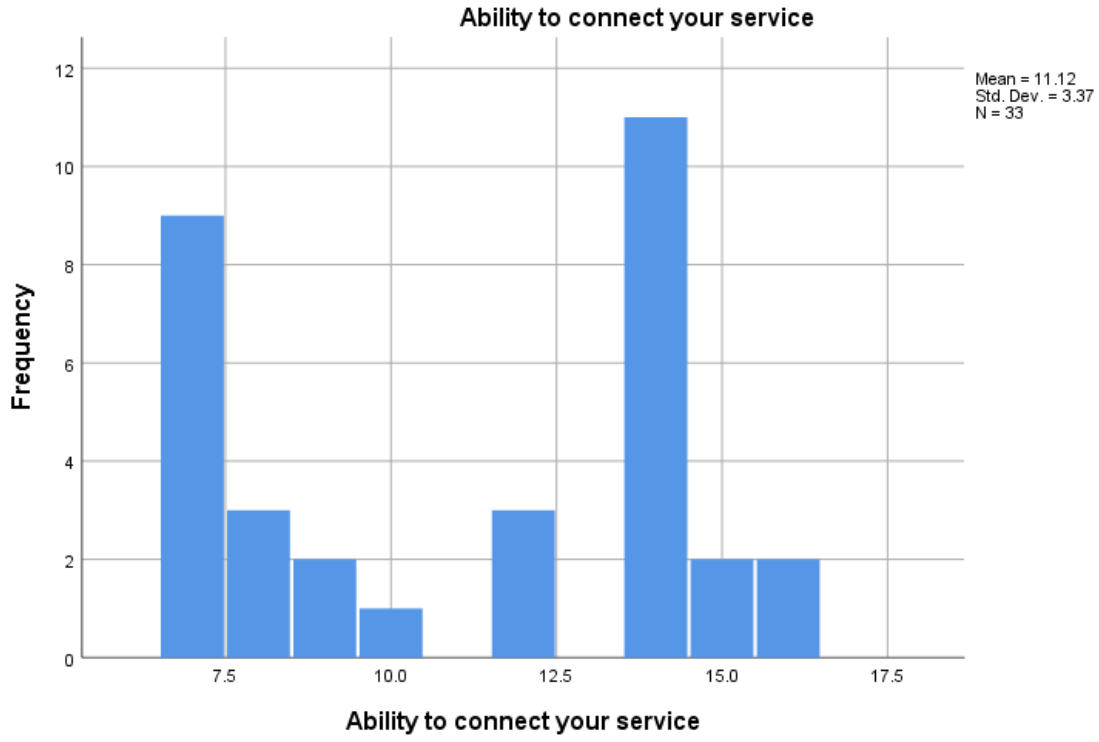

Figure 4.22: Frequency distribution of overall scores for the ability to connect your service

Table 4.20below summarises 11 statements regarding managers 'ability to share their organisation's vision. The results show that more participants positively responded to all the statements. All the managers positively mentioned that they break things down and explain clearly, and that they are visible and available to all in their team. It was also found that the majority (91%) agreed that they describe the purpose of the job, the team and the organisation and how it will be different in future.

Table 4.20: Rating of statements regarding ability to share the organisation's vision

Statements	SA	A	NAD	D	SD
I am visible and available to all in my team	23	10	0	0	0
I communicate honestly, appropriately and at the right time with people at all levels	19	13	0	1	0
I help other people appreciate how their work contributes to the aims of our team and the organisation	17	15	1	0	0
I break things down and explain clearly	17	16	0	0	0
I help others to see the vision as achievable by describing the journey we need to take	12	18	3	0	0
I use stories and examples to bring the vision to life	10	14	4	5	0
I clearly describe the purpose of the job, the team and the organisation and how they will be different in future	15	15	2	1	0
I encourage others to become ambassadors for the organisations vision	8	20	5	0	0
I find ways to make a vivid picture of future success emotionally compelling	7	16	10	0	0
I describe future changes in a way that inspires hope, reassures staff, patients and the public	12	15	6	0	0
I display confidence and integrity under criticism	11	21	1	0	0

Results showed that all the participants had the ability to share the organisations vision as all of them scored 29 or less from 11 statements (mean=19) (Figure 4.23).

Figure 4.23: Frequency distribution of overall scores for the ability to share the organisations vision

To determine the perception of the line managers towards their ability to engage the team, 12 statements were presented (Table 4.21). The results show that more line managers agreed or strongly agreed with all the statements. All the participants reported that they ask for feedback from their team regarding aspects that are working well and things they could improve on, and they encourage their team to identify problems and solve them. A summary of all the statements are shown in Table 4.21 below.

Table 4.21: Rating of statements regarding the line manager's ability to engage the team

Statements	SA	A	NAD	D	SD
I recognise and actively appreciate each person's unique perspectives and experience	12	20	1	0	0
I listen attentively to my team and value their suggestions	15	17	1	0	0
I ask for contributions from my team to raise their engagement	17	15	1	0	0
I enable my team to feed off each other's ideas, even if there is a risk that the ideas may not work	10	18	4	1	0
I encourage team members to get to know each others pressures and priorities, so that we can cooperate to provide seamless service	10	18	5	0	0
I offer support and resources to other teams in my organisation	11	17	5	0	0
I ask for feedback from my team on things that are working well and things we could improve	11	22	0	0	0

I shape future plans with my team	9	16	8	0	0
I encourage my team to identify problems and solve them	12	21	0	0	0
I stretch my team so that they deliver the best they can	12	16	5	0	0
I create a common purpose to unite our team and enable us to work seamlessly together to deliver	12	18	3	0	0
I support other leaders to build success within and beyond my organisation	11	16	6	0	0

Based on the figure below, all the participants scored 31 or less indicating they all had the ability to engage with the team (mean=21) (Figure 4.24).

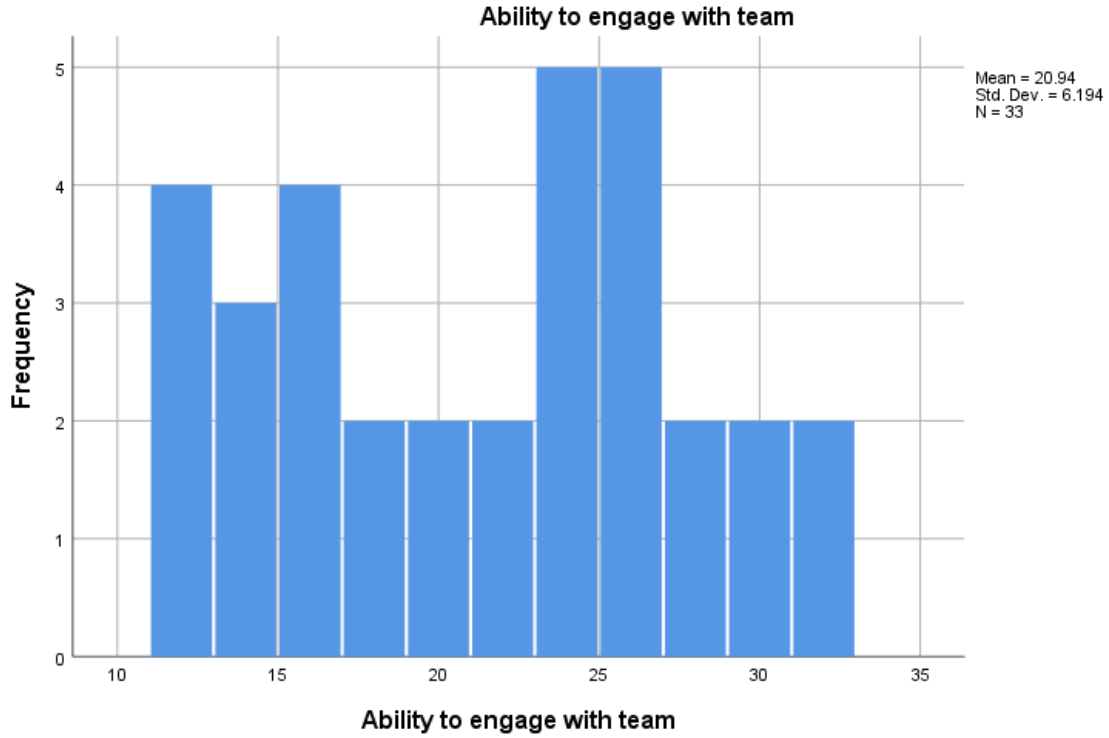

Figure 4.24: Frequency distribution of overall scores for the ability to engage with team

There were 13 statements put to the line managers to determine their' ability to maintain accountability, with almost all of the participants positively responding to all the statements (Table 4.22). The resultsshowthat more than 84% of the managers take personal responsibility for their own performance, they specify and prioritise what is expected of individuals and the team, they make tasks meaningful and link them to organisational goals, they ensure that individual and team goals are specific, measurable, time bound and realistic, they set clear standards for behaviour as well as for achieving tasks, they give balanced feedback and support to improve performance, and they act quickly to manage poor performance.

Table 4.22: Frequency distribution of statements regarding the ability of the line manager to maintain accountability

Statements	SA	A	NAD	D	SD
I take personal responsibility for my own performance	21	12	0	0	0
I specify and prioritize what is expected of individuals and the team	12	20	1	0	0
I make tasks meaningful and link them to organisational goals	9	22	2	0	0
I ensure that individual and team goals are specific, measurable, time bound and realistic	10	21	2	0	0
I set clear standards for behaviour as well as for achieving tasks	12	19	2	0	0
I give balanced feedback and support to improve performance	13	19	1	0	0
I act quickly to manage poor performance	11	16	6	0	0
I constantly look for opportunities to celebrate and reward high standards	12	15	6	0	0
I actively link feedback to the overall vision for success	9	20	4	0	0
I encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better	11	20	2	0	0
I share stories and symbols of success that create pride in achievement	11	14	5	3	0
I champion a mindset of high ambition for me, the team and the organisation	11	19	3	0	0
I notice and challenge mediocrity, encouraging people to stop coasting and stretch themselves for the best results	11	17	4	1	0

From the 13 statements for maintain accountability, it was found that all the participants scored 33 or less highlighting they had the ability to maintain accountability (mean=23) (Figure 4.25).

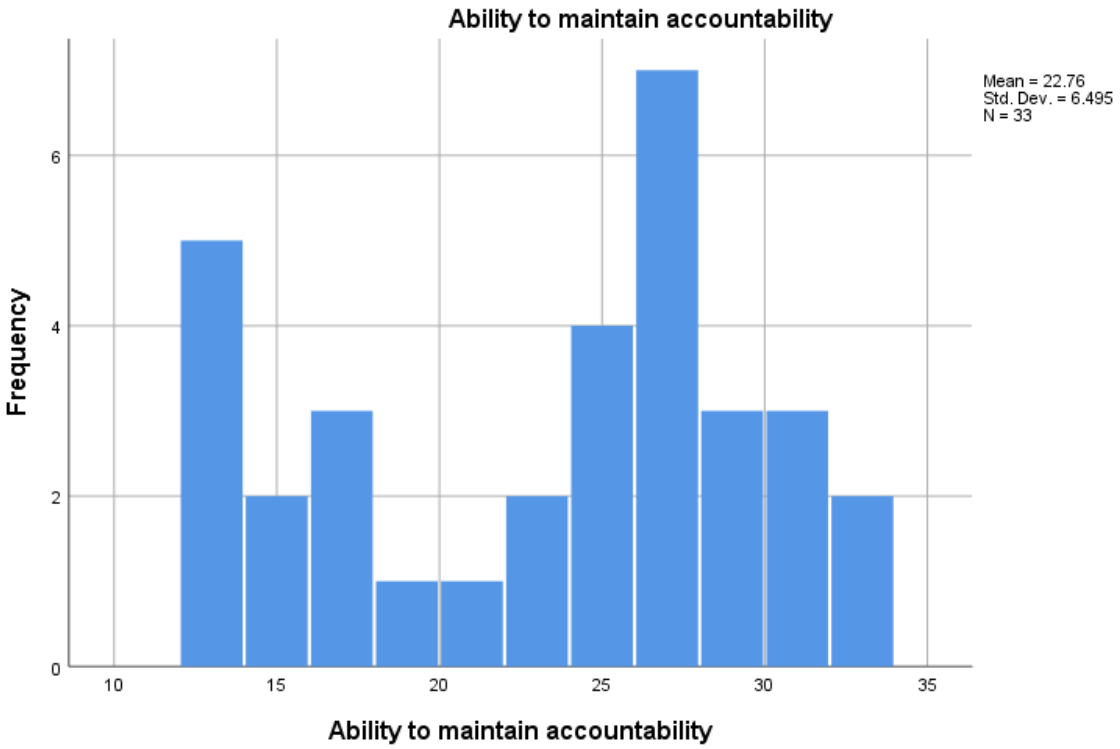

Figure 4.25: Frequency distribution of overall scores for the ability to maintain accountability

To investigate the line managers perceptions of their ability to develop capabilities, ten statements were posed to them (Table 4.23). The results found that more participants positively responded to all the statements, withmore than 90% of the managers agreeing that they often look for opportunities to develop themselves and learn things outside of their comfort zone. They also understand the importance and impact of people development, they build people development into their planning for the team, they understand their strengths and developmental needs, they provide development opportunities for their teams through experience and formal training, and they look for and provide regular positive and developmental feedback to help their team focus on the right areas to develop professionally.

Table 4.23: Frequency distribution of statements regarding the line managers ability to develop capability

Statements	SA	A	NAD	D	SD
I often look for opportunities to develop myself and learn things outside of my comfort zone	14	16	3	0	0
I understand the importance and impact of people development	13	19	1	0	0
I build people development into my planning for my team	11	19	3	0	0
I understand my strengths and developmental needs	14	19	0	0	0
I provide development opportunities for our team through experience and formal training	10	21	2	0	0
I look for and provide regular positive and developmental feedback for my team to help us focus on the right areas to develop professionally	10	21	2	0	0
I explore career aspirations of me and my team and shape development activities to support us	8	20	5	0	0
I provide long term mentoring or coaching	8	21	4	0	0
I spot high potential individuals in my team and focus development efforts on them	10	20	3	0	0
I create the conditions in which my team take responsibility for their development and learn from each other	8	21	4	0	0

The overall scores from the 10 statements it was highlighted that all the participants had the ability to develop capability as they scored 27 or less (mean=18) (Figure 4.26).

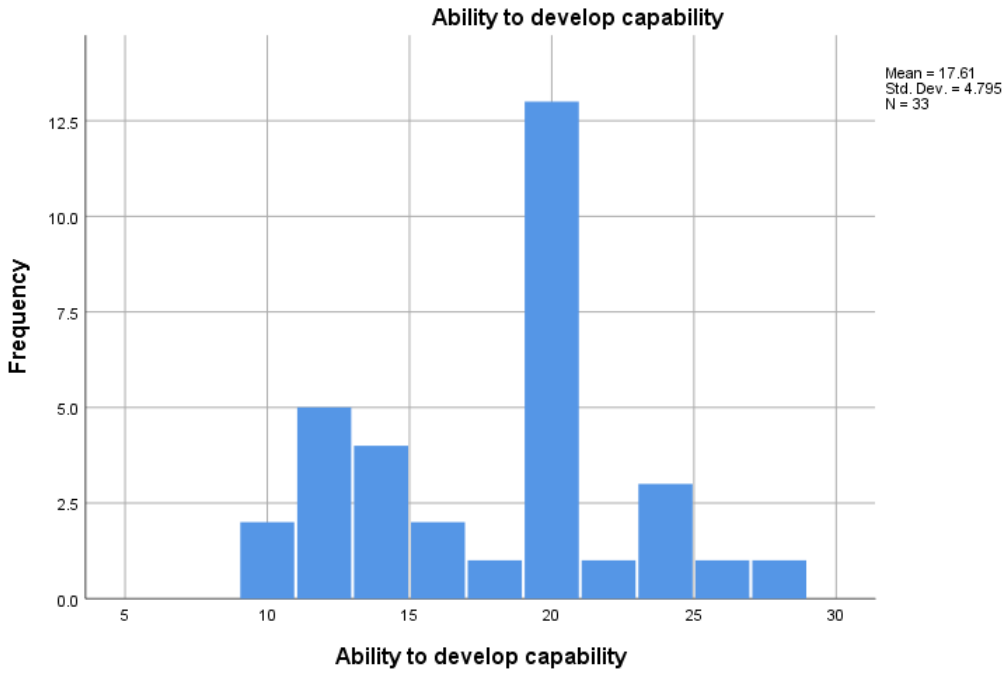

Figure 4.26: Frequency distribution of overall scores for the ability to develop capability

In order to determine the line managers perceptions with regards to their influence for results, 11 statements were presented (Table 4.24). Previous results had shown that most of the managers responded positively to all the statements. It was found that all the participants agreed that their managers remain respectful in all circumstances, that they listen to different views, and that they share issues and information to help the team understand their thinking.

Table 4.24: Distribution of statements regarding the line managers ability to influence for results

Answer Options	SA	A	NAD	D	SD
I remain respectful in all circumstances	20	13	0	0	0
I listen to different views	18	15	0	0	0
I share issues and information to help my team understand my thinking	15	18	0	0	0
I develop and present well reasoned arguments	11	19	3	0	0
I avoid jargon and express myself clearly	10	21	2	0	0
I adapt my communication to the needs and concerns of my team	10	21	2	0	0
I create shared agendas with key stakeholders	8	17	7	1	0
I check that others in the team have understood me	10	23	0	0	0
I create formal and informal two-way communication channels so that I can be persuasive	8	24	1	0	0
I contribute calmly and productively to debates arising from strongly-held beliefs, even when my own emotions have been excited	9	18	6	0	0
I build enough support for the idea or initiative to take a life of its own	6	23	4	0	0

Regarding influencing results, the overall scored indicated that all the participants had the ability to influence results as they scored 29 or less (mean=19) (Figure 4.27).

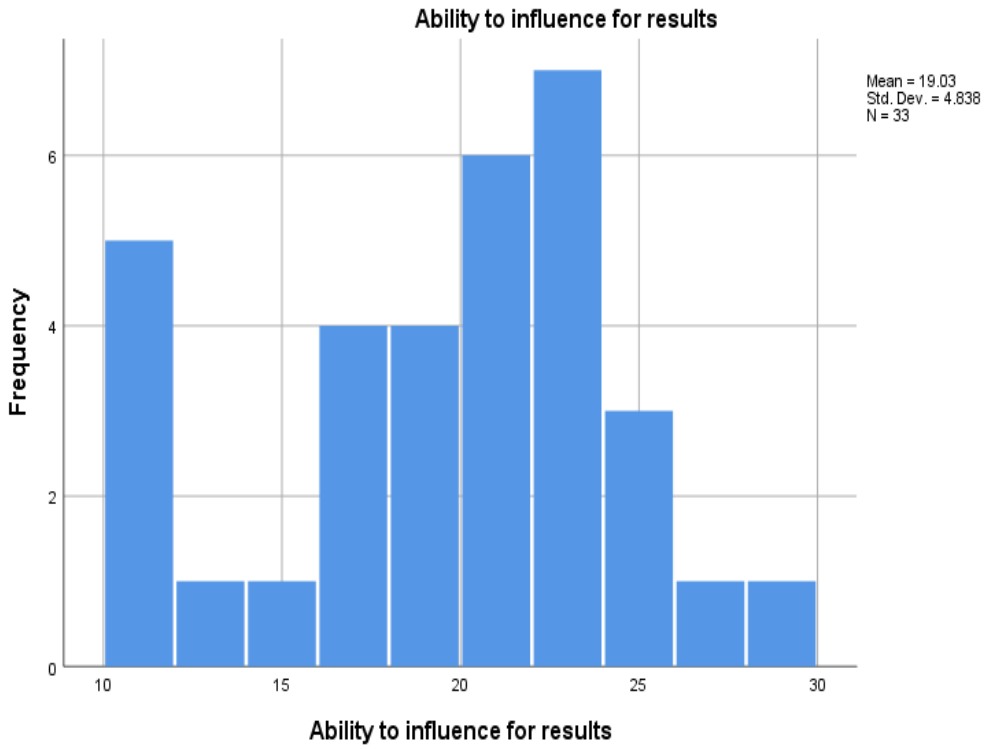

Figure 4.27: Frequency distribution of overall scores for the ability to influence for results

The overall scores for each dimension were tested for normality, which showed that the overall scores for all the dimensions were not normally distributed (p>0.05) (Table 4.25). For this reason, inferential tests were conducted using a non-parametric test.

Table 4.25: Normality test for all the dimensions

	Kolmogorov-Smirnov[a]		
	Statistic	**df**	**Sig.**
Ability to inspire a shared purpose	.157	33	.058
Ability to lead with care	.222	33	.060
Ability to evaluate information	.093	33	.200*
Ability to connect your service	.258	33	.070
Ability to share the organisation's vision	.118	33	.200*
Ability to engage with the team	.144	33	.080
Ability to maintain accountability	.211	33	.071
Ability to develop capability	.206	33	.065

Ability to influence for results	.125	33	.200*
*. This is a lower bound of the true significance.			
a. Lilliefors Significance Correction			

The Kruskal-Wallis Test was conducted to compare the mean ranks for all the dimensions with regards to the managers' institutions (Table 4.26). The study found that mean ranks were similar for all the dimensions among the managers from different institutions ($p>0.05$).

Table 4.26: Comparison of mean rank for all dimensions among managers with regards to their institutions

Dimension	Private healthcare	N	Mean Rank	Chi-square	p-value
Ability to inspire a shared purpose	Institution D	2	9.25	1.568	0.667
	Institution C	9	18.61		
	Institution B	9	17.28		
	Institution A	13	16.88		
Ability to lead with care	Institution D	2	3.50	5.804	0.122
	Institution C	9	20.39		
	Institution B	9	14.83		
	Institution A	13	18.23		
Ability to evaluate information	Institution D	2	3.75	4.068	0.254
	Institution C	9	17.39		
	Institution B	9	17.83		
	Institution A	13	18.19		
Ability to connect your service	Institution D	2	5.00	4.932	0.177
	Institution C	9	20.94		
	Institution B	9	16.44		
	Institution A	13	16.50		
Ability to share the organisation's vision	Institution D	2	5.50	7.582	0.055
	Institution C	9	23.00		
	Institution B	9	17.72		

	Institution A	13	14.12		
Ability to engage with team	Institution D	2	4.00	5.192	0.158
	Institution C	9	20.28		
	Institution B	9	18.61		
	Institution A	13	15.62		
Ability to maintain accountability	Institution D	2	3.00	7.049	0.070
	Institution C	9	21.89		
	Institution B	9	17.72		
	Institution A	13	15.27		
Ability to develop capability	Institution D	2	3.00	5.551	0.136
	Institution C	9	19.28		
	Institution B	9	19.28		
	Institution A	13	16.00		
Ability to influence for results	Institution D	2	5.00	3.592	0.309
	Institution C	9	17.17		
	Institution B	9	16.83		
	Institution A	13	18.85		

The years of employment of the managers did not impact on any dimension, as they had a similar mean rank for all the dimensions ($p>0.05$) (Table 4.27).

Table4.27: Comparison of mean rank for all dimensions among managers with regards to their years of service

Dimensions	**Years employed as a unit manager in the hospital**	**N**	**Mean Rank**	**Chi-square**	**p-value**
Ability to inspire a shared purpose	<1 year	4	17.88	.297	0.961
	1-<5 years	11	17.86		
	5 - 10 years	9	16.89		
	>10 years	9	15.67		
Ability to lead with care	<1 year	4	23.63	4.235	0.237
	1-<5 years	11	16.82		

	5 - 10 years	9	18.78		
	>10 years	9	12.50		
Ability to evaluate information	<1 year	4	22.63	1.632	0.652
	1-<5 years	11	16.68		
	5 - 10 years	9	16.39		
	>10 years	9	15.50		
Ability to connect your service	<1 year	4	21.25	1.708	0.635
	1-<5 years	11	17.73		
	5 - 10 years	9	14.17		
	>10 years	9	17.06		
Ability to share the organisation's vision	<1 year	4	19.38	1.333	0.721
	1-<5 years	11	18.86		
	5 - 10 years	9	16.17		
	>10 years	9	14.50		
Ability to engage with team	<1 year	4	23.63	2.731	0.435
	1-<5 years	11	17.64		
	5 -10 years	9	15.94		
	>10 years	9	14.33		
Ability to maintain accountability	<1 year	4	21.25	2.581	0.461
	1-<5 years	11	19.05		
	5 -10 years	9	16.17		
	>10 years	9	13.44		
Ability to develop capability	<1 year	4	18.38	.220	0.974
	1-<5 years	11	17.50		
	5 -10 years	9	16.78		
	>10 years	9	16.00		
Ability to influence for results	<1 year	4	24.50	2.958	0.398
	1-<5 years	11	16.95		
	5 -10 years	9	15.56		
	>10 years	9	15.17		

A Mann-Whitney U test showed that having a tertiary qualification did not have any significant impact on any dimensions (p>0.05) (Table4.28).

Table 4.28: Comparison of mean rank for all dimensions among managers with a tertiary qualification and those without

Dimensions	Having tertiary qualification in management	N	Mean Rank	Mann-Whitney U	p-value
Ability to inspire a shared purpose	No	11	18.95	99.500	0.408
	Yes	22	16.02		
Ability to lead with care	No	11	16.09	111.000	0.699
	Yes	22	17.45		
Ability to evaluate information	No	11	14.95	98.500	0.388
	Yes	22	18.02		
Ability to connect your service	No	11	15.18	101.000	0.431
	Yes	22	17.91		
Ability to share the organisation's vision	No	11	18.59	103.500	0.502
	Yes	22	16.20		
Ability to engage with team	No	11	16.91	120.000	0.969
	Yes	22	17.05		
Ability to maintain accountability	No	11	16.91	120.000	0.969
	Yes	22	17.05		
Ability to develop capability	No	11	16.82	119.000	0.938
	Yes	22	17.09		
Ability to influence for results	No	11	16.86	119.500	0.954
	Yes	22	17.07		

Similarly, those with a degree or masters qualification had a similar mean rank when compared to those with a diploma (p>0.05) (Table 4.29).

Table 4.29: Comparison of mean rank for all dimensions among managers with regards to their qualifications

Dimension	Type of tertiary management qualification	N	Mean Rank	Chi-square	p-value
Ability to inspire a shared purpose	Diploma	12	11.79	1.509	0.470
	Degree	9	10.33		
	Masters	1	18.50		
Ability to lead with care	Diploma	12	12.21	0.829	0.661
	Degree	9	10.17		
	Masters	1	15.00		
Ability to evaluate information	Diploma	12	12.71	2.397	0.302
	Degree	9	9.22		
	Masters	1	17.50		
Ability to connect your service	Diploma	12	12.04	0.922	0.631
	Degree	9	10.28		
	Masters	1	16.00		
Ability to share the organisation's vision	Diploma	12	12.50	0.672	0.715
	Degree	9	10.17		
	Masters	1	11.50		
Ability to engage with team	Diploma	12	12.88	1.651	0.438
	Degree	9	9.39		
	Masters	1	14.00		
Ability to maintain accountability	Diploma	12	12.38	2.451	0.294
	Degree	9	9.50		
	Masters	1	19.00		
Ability to develop capability	Diploma	12	12.92	2.117	0.347
	Degree	9	9.22		
	Masters	1	15.00		
Ability to influence for results	Diploma	12	12.67	1.788	0.409
	Degree	9	9.44		
	Masters	1	16.00		

It was surprising to see that those who mentioned that a qualification did not equip them to be a better leader had a significantly higher mean rank for ability to inspire a shared purpose, ability to evaluate information, ability to connect their service, ability to share the organisation's vision and ability to engage with the team (Table 4.30).

Table 4.30: Comparison of mean rank for all dimensions among managers with regards to their perception of their qualification equipping them to be a better leader

Dimensions	**Your qualification equips you to be a better leader**	**N**	**Mean Rank**	**Mann-Whitney U**	**p-value**
Ability to inspire a shared purpose	No	5	18.30	8.500	0.007
	Yes	17	9.50		
Ability to lead with care	No	5	16.10	19.500	0.069
	Yes	17	10.15		
Ability to evaluate information	No	5	19.60	2.000	0.001
	Yes	17	9.12		
Ability to connect your service	No	5	17.10	14.500	0.025
	Yes	17	9.85		
Ability to share the organisation's vision	No	5	17.30	13.500	0.022
	Yes	17	9.79		
Ability to engage with team	No	5	18.60	7.000	0.005
	Yes	17	9.41		
Ability to maintain accountability	No	5	16.40	18.000	0.053
	Yes	17	10.06		
Ability to develop capability	No	5	18.60	7.000	0.004
	Yes	17	9.41		
Ability to influence for results	No	5	14.40	28.000	0.254
	Yes	17	10.65		

The use of a nursing/healthcare leadership model in the organisation that demonstrates successful leadership had no impact on any dimension ($p>0.05$) (Table 4.31).

Table 4.31: Comparison of mean rank for all dimensions among managers with regards to using nursing/healthcare leadership model in the organisation

Dimensions	Use of nursing/healthcare leadership model for successful leadership	N	Mean Rank	Mann-Whitney U	p-value
Ability to inspire a shared purpose	No	20	18.08	108.500	0.425
	Yes	13	15.35		
Ability to lead with care	No	20	18.10	108.000	0.412
	Yes	13	15.31		
Ability to evaluate information	No	20	18.53	99.500	0.259
	Yes	13	14.65		
Ability to connect your service	No	20	18.33	103.500	0.314
	Yes	13	14.96		
Ability to share the organisation's vision	No	20	19.63	77.500	0.052
	Yes	13	12.96		
Ability to engage with team	No	20	19.38	82.500	0.079
	Yes	13	13.35		
Ability to maintain accountability	No	20	19.50	80.000	0.064
	Yes	13	13.15		
Ability to develop capability	No	20	18.68	96.500	0.208
	Yes	13	14.42		
Ability to influence for results	No	20	18.78	94.500	0.189
	Yes	13	14.27		

The study did not find any association between managers with or without tertiary qualifications and the use of a leadership model in the organisation (p=0.456) (Table 4.32).

Table 4.32: Association between management qualification and use of a leadership model in the organisation

			Have tertiary qualification in management		Chi-square	p-value
			No	Yes		
Use of nursing/healthcare leadership model that demonstrates successful leadership	No	Count	8	12	1.015	0.456
		Column %	72.7%	54.5%		
	Yes	Count	3	10		
		Column %	27.3%	45.5%		
Total		Count	11	22		
		Total %	100.0%	100.0%		

The Spearman's rho correlation analysis showed that all the nine dimensions were significantly inter-correlated with each other ($p<0.05$) (Table 4.33).

Table4.33: Spearman's rho correlation analysis output for all the dimensions

			D1	**D2**	**D3**	**D4**	**D5**	**D6**	**D7**	**D8**	**D9**
Spearman's rho	D1	r	1.000	.737**	.754**	.812**	.757**	.814**	.739**	.744**	.627**
		p	.	.000	.000	.000	.000	.000	.000	.000	.000
	D2	r	.737**	1.000	.682**	.722**	.701**	.784**	.781**	.585**	.694**
		p	.000	.	.000	.000	.000	.000	.000	.000	.000
	D3	r	.754**	.682**	1.000	.802**	.641**	.847**	.744**	.829**	.667**
		p	.000	.000	.	.000	.000	.000	.000	.000	.000
	D4	r	.812**	.722**	.802**	1.000	.788**	.842**	.797**	.817**	.677**
		p	.000	.000	.000	.	.000	.000	.000	.000	.000
	D5	r	.757**	.701**	.641**	.788**	1.000	.799**	.770**	.678**	.624**
		p	.000	.000	.000	.000	.	.000	.000	.000	.000
	D6	r	.814**	.784**	.847**	.842**	.799**	1.000	.891**	.845**	.779**
		p	.000	.000	.000	.000	.000	.	.000	.000	.000
	D7	r	.739**	.781**	.744**	.797**	.770**	.891**	1.000	.728**	.813**
		p	.000	.000	.000	.000	.000	.000	.	.000	.000
	D8	r	.744**	.585**	.829**	.817**	.678**	.845**	.728**	1.000	.628**
		p	.000	.000	.000	.000	.000	.000	.000	.	.000
	D9	r	.627**	.694**	.667**	.677**	.624**	.779**	.813**	.628**	1.000
		p	.000	.000	.000	.000	.000	.000	.000	.000	.

**. Correlation is significant at the 0.01 level (2-tailed).

4.3 The process of developing the model

The model was developed from:-

- An extensive literature review on leadership competencies in the healthcare setting, with a greater emphasis on national healthcare.
- The current key performance indicators and job requirements for unit managers employed at private healthcare institutions.
- The major findings of the study.

4.3.1 Literature Review

The literature review strongly indicated that a tertiary qualification in management is necessary for unit managers to be successful in a management post. Since the inherent requirements for a unit manager position does not include a tertiary management qualification as a necessity, but rather an advantage, the model includes theoretical aspects of leadership which includes:

- Definition of leadership
- Differences between management and leadership
- Leadership characteristics, specifically with the nursing environment in mind
- Reflective evaluation activities that allow the manager to reflect on his/her leadership characteristics prior to commencing on the model proper.
- Reflective evaluation activities that allow the manager to identify their areas of development prior to embarking on the model proper.
- Leadership competencies are defined and the importance of competencies is highlighted.
- The evaluation activity allows the manager to define the various competencies and provide their understanding of the behaviours required to fulfil these competencies.
- The manager is also provided an opportunity to identify the competencies that he/she feels require improvement.
- There is a brief introduction to the various styles of leadership, as well as the major characteristics associated with each type of leadership.

- The reflective exercises allow the manager to explore the leadership styles that they use most often as well as the challenges they face with these leadership styles.
- Nursing is a diverse profession and the unit manager has to manage a diverse workforce. Therefore the individual differences framework was most applicable in understanding how individual differences affect their leadership styles and the characteristics they exhibit.

4.3.2 The current key performance indicators (KPI's) and job requirements for unit managers employed at private healthcare institutions.

- The diamond factor leadership model is introduced, the foundation of which is set in the South African healthcare context. The KPI's and job requirements are used as a backdrop to create the model
- The core components of the model are designed from literature as well as the main findings of the study.
- All of the above are integrated and the major competencies are identified as: leading the business; leading others; leading self and communication.

4.3.3 Findings of the study

- The number of years being a unit manager or the number of years reporting to that unit manager did not influence the perceptions of leadership competencies. Experience on its own is inadequate in developing leadership competencies. The unit managers with more years of experience in that role had a lower perception of their leadership competencies as opposed to their much newer colleagues.
- None of the respondents knew what a competency based healthcare leadership model was, cementing the fact that a holistic model was needed.
- The majority of unit managers have been in unit management roles for 1-5 years, indicating that turnover is high in management roles. Leadership plays a role in turnover.
- The major findings of the study are centred on leadership deficits in leading the business; leading others; leading self and communication.

- Each competency has competency labels attached to it. Each competency label is defined and the associated behaviours are listed. This ensures that managers are made aware of which behaviours need to be displayed to ensure success in a competency.

4.3.4 Design of the model

The introduction to the model is from a theoretical foundation which concentrated on the various concepts of leadership. Reflective exercises were included to integrate theory with practice and prepare the incumbent for the background and concepts related to the leadership model itself.

The model was designed strategically with the leader in the centre of the model. It works on the premise that the leader is a central figure and exerts influence on self, the business and others. It also emphasises that leadership competencies can be improved by the incumbent engaging in certain key behaviours. Developing leadership competencies is an ongoing process and a rough stone can be transformed into a priceless diamond that will be an asset to any organisation.

The model was designed with a view of being beneficial to both new and existing unit managers. Mentorship candidates are also able to develop their leadership skills by implementing the model.

4.3.5 The naming of the Leadership Model

The model was named the Diamond factor leadership model. The model is in the shape of a diamond which is considered a durable & much sought after stone. It lends value to any piece of jewellery, making that piece marketable and attractive. The leader at the centre is considered the diamond as the model aims to groom the nurse manager into a leader that is valuable and an immense asset to the organisation. When diamonds are sourced, they are rough and not much to look at. However, when the processing is complete, they have made a remarkable transformation.

4.3.6 Who will benefit from this model?

This healthcare model can be used by both novice and experienced nurse managers who will be guided into identifying the leadership competencies they currently

possess and the competencies that require development. Furthermore, the model guides nurse managers into adopting certain behaviours that enhances the success of leadership. It defines each competency and informs of the behaviours that should be displayed to bring the competency to life. The 360 degree feedback tool allows nurse managers to rate their leadership competencies. A high degree of honesty is required in order to develop areas that show lack. Subordinates can use the feedback tool to rate their line manager's leadership competencies. The nursing services manager must then go through all the results, together with the unit manager to get a clearer picture of the unit manager's strengths and areas of development. A discussion is held whereby the way forward is discussed. It is crucial that the 360 degree feedback tool is not used in isolation but rather in conjunction with discussions with the line manager, current performance and organisational goals. In this way bias can be removed and the development activities is tailored to suit the individual's needs. The nursing services manager must possess a positive outlook to this process as it is not punitive, neither is it fault finding. It is a tool that is used to develop leadership capability.

4.3.7 The four dimensions of the model

Leading people is considered a vital aspect of successful leadership. Nurse Managers manage people on a daily basis and this is in itself a complex task as people are different and complex. They each have different needs, perceptions and traits so knowing each one is a necessity. Leading people details the competencies of people development, inspiring the vision, a caring ethos, developing teamwork, motivation, and conflict management.

Leading the business is crucial to ensure that organisational goals are achieved, within the current challenges facing private healthcare. A nurse manager must know the business if he/she is to be successful as a leader. Leading the business details the competencies of knowledge of business processes, evaluating information and harmonising the service.

Leading self is considered essential for all nurse managers. They are role models to all nursing staff they encounter, who continuously look to them for inspiration, courage and the will to carry on amidst a turbulent environment. Leading self details

the competencies of professionalism, personal characteristics, emotional intelligence, accountability and personal and professional development.

Communication is a part of each of the dimensions discussed above. However, it is that important that it is separated in this model. The importance of communication is overlooked as part of an actual competency that leads to successful leadership; however it is the cornerstone of effective leadership. Communication deals with the behaviours and attributes necessary to get the message across clearly and without ambiguity.

4.4 Conclusion

This chapter provided a detailed analysis of the data that was collected in the form of graphs and tables. The discussion of this statistical analysis is presented in the subsequent chapter.

Chapter 5: Discussion

5.1 Introduction

This chapter provides a discussion on the statistical analysis performed in the previous chapter.

5.2 Demographic data from the subordinates' questionnaire

The reliability analysis confirmed that the data collection tool was internally consistent as the Cronbach's alpha value was greater than 0.80 for all dimensions.

Although the sample of participants was randomly selected, the percentage of each category represented in the sample was in line with the skill mix that the healthcare institutions under study use to deliver nursing care. Overall, there were a higher number of registered nurses employed as opposed to enrolled nurses and enrolled nursing assistants. The scopes of practice differ for each nursing category, i.e. their scope of responsibility and accountability differs according to the training and qualification they received. The registered nurses fulfil the senior position of authority, followed by the enrolled nurses and the enrolled nursing assistants, who work under the direct supervision of the registered nurses. The South African Nursing Council (SANC) states that the profession of nursing is grounded in standards and ethical standards, and that professional regulations are applied to the practice. The scope of practice per category of nurses is to determine the competencies, tasks and abilities that each of these categories must possess (SANC, 2014).

The scope of practice, as developed by the SANC, describes the services that the different categories of nurses can perform and the boundaries within which these must be performed. The scope of practice is thus based on what nurses have been educated on in their theoretical and practical training and the level of training they have completed. All categories of nurses are regulated by the Nursing Act 50 of 1978, although the levels of tertiary training differ. An enrolled nursing assistant completes a one year nursing certificate course, an enrolled nurse completes a two year certificate course, and a registered nurse completes a four year diploma or degree course (SANC, 2014).

The percentage of nurses included in the sample per healthcare institution was in line with the size of the institution under study. Institution A, which had the greatest

number of participants, has the greatest number of hospital beds. Institution D has the least number of beds. Staffing levels are influenced by the number of patient beds, the speciality care the hospital offers, and the patient mix that the hospital caters for. The hospitals under study make use of an integrated staffing model to determine the appropriate numbers and skills of nursing staff to deliver safe and efficient nursing care (Mediclinic ISM, 2014)

Most of the participants had worked under the same line manager for 1-<5 years, while the least amount worked under the same line manager for >10 years. This indicates that the overall staff turnover has been high in the last five years. Roebuck (2011) found that ineffective leadership is one of the reasons for a high staff turnover, as effective leaders increase employee engagement levels and drive the performance of employees, thereby increasing the levels of motivation. When employees are engaged and motivated, the retention rate of the organisation increases. Bersin (2015) found in their study on employee engagement that ineffective leaders cause employees to be detached from the vision and goals of the organisation. This detachment causes decreased levels of commitment from employees, which makes them believe that they have no value in the organisation. This causes disengaged employees to look for job opportunities at other places of work. Dromey (2014) was of the opinion that when turnover rates increase, an organisation must look into the effectiveness of its leadership.

Compared to other nurses, the enrolled nurses had a better perception of their line managers' ability to inspire a shared purpose, to engage the team, and to maintain accountability. This could be due to the fact that the enrolled nurses work under the direct supervision of the registered nurses and require more support in their roles due to their scope of practice (SANC, 2014). The enrolled nurses often go to their line managers, i.e. registered nurses, for guidance and support, which could account for them rating certain competencies higher than the other categories of nurses.

The results showed that the nurses from Institution B had significantly higher mean ranks for all the dimensions.

The study found that years of working under their current line managers did not influence subordinates perceptions towards them on any dimension. The number of years being in a managerial position also does not necessarily change leadership

competencies, especially if leadership development is not a priority in the organisation. No healthcare leadership competency model is utilised in this private healthcare group, so no other comparisons were available. The number of years in a unit manager position did not affect the managers' perceptions of their leadership capabilities, which is contrary to Prestia's (2010) findings where the number of years in a manager position was congruent with the managers' leadership capability.

5.3. Demographic data from the unit managers' questionnaire

The number of unit managers who responded to the survey corresponded with the size of the private hospitals involved in the study.

A third of the unit managers had been in a managerial position for 1-<5 years, while a smaller proportion has been unit managers for 5-10 years and greater than 10 years respectively. This indicates that more of the managers were new to a management position at the healthcare institutions under study. This also points to a high turnover of line managers. Prestia (2010) argued that if nurse managers are not developed and supported in a leadership role; the demands of the job become overwhelming, resulting in burnout and resignation. The author further found that seniority in a nursing management post leads to greater leadership competency; therefore it is critically important to retain line managers over substantial periods of time to develop and cement leadership competencies. Particular traits and characteristics that have been shown to promote leadership are openness, extroversion and motivation to manage.

Research by Curtis et al., (2011) concluded that age and experience facilitates leadership, while gender is unimportant. The line managers employed in their respective healthcare organisations for less than one year had a far better perception of their leadership competencies, while those employed as line managers for more than ten years had a far lower perception. It is possible that the line managers employed for under a year at a particular facility were previously employed in the same capacity at another healthcare organisation, and thus had more years' experience as a unit manager overall. Newer nurse managers may also possess a tertiary qualification in management and may have a better perception of their leadership capability. Ten years ago, a formal management qualification was not a prerequisite for a nurse manager post and therefore the seasoned managers

may lack the necessary skills and training in management. Finally, if evaluations on leadership competencies are not carried out regularly, people tend to have a lower perception of their abilities as they have nothing to benchmark against.

A third of unit managers do not have a tertiary qualification in management, yet success in leadership roles depends on education in nursing and management, especially at post basic and university level (Conrad and Sherrod, 2011). Basic nursing education is inadequate for a nurse manager to succeed in such a position. Incumbents of senior management positions in healthcare should embark on doctoral education in their field. Post basic and university programmes must be designed to provide nurse leaders with appropriate leadership and management skills (Scott and Miles, 2013). Managers with formal qualifications in management are more skilled to handle a job in management than those who do not possess such a qualification. A formal management qualification equips managers with the necessary know-how to make sound and effective plans. A tertiary qualification in management incorporates knowledge of the various theories of leadership; therefore managers with a tertiary management qualification will possess a deeper understanding of the practice of leadership (Naidoo et al., 2014).

Blegen, Goode, Park, Vaughn and Spetz (2013) highlighted the benefits of a recognised management qualification:

- The competencies required for effective leadership are covered in the management qualification.
- The development of competencies is aided by knowledge that is gathered during the management qualification.
- Knowledge that is learned can be transmitted with more ease.
- A management qualification increases levels of self-confidence and empowerment.
- The organisation's reputation, effectiveness and competitiveness are improved.

The unit managers who do not have a tertiary qualification in management have a better perception of their leadership competencies in the dimensions of ability to inspire a shared purpose and ability to share the organisation's vision, while the unit managers with a tertiary qualification rated themselves better in ability to lead with

care, ability to evaluate information, ability to connect the service, ability to engage the team, ability to maintain accountability, ability to develop capability and ability to influence for results. The latter dimensions are covered adequately in the theory of nursing management and therefore these managers may perceive that they are successful at these competencies.

Of the two-thirds of respondents who had a tertiary qualification, just over a half had a diploma in nursing management, while almost a third had a degree and a small proportion had a master's degree. Falter (2012) believed that nursing executives and unit managers would benefit from a doctoral degree if they are to fulfil their roles optimally. Nurses have a responsibility to speak on their patients' behalf, to participate in research, to grow the body of nursing knowledge, to develop policies that will improve the service, and to put these policies into action. The American Organization of Nurse Executives (AONE) is a healthcare organisation that has set its sights on improving the services rendered by healthcare by focussing on leadership development in an innovative way. The AONE's (2014) position statement discusses the educational needs of nurse leaders if success at leadership is to be achieved. They believe that a recognised tertiary qualification in management provides nurse leaders with the solid foundation that is required for effective leadership. Healthcare is dynamic, which is why educational curricula must be amended to keep up with these changes (Patton, 2012; White, 2012).

The highest rating obtained across all dimensions was from the unit manager who had a master's qualification. This is in keeping with Prestia's (2010) sentiment that a nurse manager with a masters or doctoral degree has far superior leadership competencies that those who do not. The unit managers with a diploma in management obtained a higher rating across the dimensions than those with a management degree.

While a large majority of the respondents with a tertiary qualification in management said that the qualification equips them to be a better leader, a substantial number felt that this was not the case. A diploma in nursing management may be inadequate to prepare nurse managers with the tools required for successful management. The AONE (2014) suggested that a bachelor's degree or a master's degree is a minimal requirement for a nurse management role. Furthermore, at the executive level, the

organisation argued that nurse leaders must possess a doctoral degree to equip them to be successful at such a level. Brittain and Bernotavicz (2014) undertook a study that involved 384 Magnet® nurse managers. The aim of the study was to explore the degree to which transformational leadership was practiced by these nurse managers. The study found that nurse managers with a doctoral qualification displayed more transformational leadership traits than those who did not. The areas in which they had far superior scores than those managers with a masters qualification was the ability to inspire a shared vision and challenging processes.

The findings of a study conducted by Prestia (2010) validated the need for a tertiary management qualification for nurse managers. This qualification must include the essential components of strategic and critical thinking, mindful reflection, maintaining a practical positivity, conflict management, rejuvenation of energies, authentic leadership, and resiliency theory. On average, the unit managers who felt that a tertiary qualification did not enable them to be better leaders rated themselves higher on each domain, as opposed to those who felt that a tertiary qualification assisted them to be better leaders. Different universities offer tertiary management qualifications in South Africa. Distance learning institutions tend to be impersonal and theory driven, with insufficient practical activities or facilitation to make the theory meaningful. This could lead to managers feeling that a theoretical qualification is irrelevant and unhelpful. The institutions that integrate theory with practice offer more experience and expertise in the practical arena where the actual work is carried out.

More of the respondents responded negatively that they use a healthcare leadership model that demonstrates successful leadership. Leadership models that incorporate tasks, functions, behaviours, traits and characteristics are of greater value to individuals than models that do not. Competency models provide a list of sample behaviours, measurable actions and behaviours associated with successful leadership. Solid competency models define leadership; use a consistent representation of tasks, functions, actions and behaviours that leaders must perform; eliminate redundancy in competencies; involve behavioural scientists and senior organisational leaders; and validate competencies through organisational results (Horey and Fallesen, 2014).

Brittain et al., (2014) were of the opinion that effective leaders are a prerequisite to an organisation's success and are required at every level of the organisation. Campion et al., (2011) postulated that competency-based leadership models force organisations to spend time and effort on leadership development, moving them away from a topic-based approach to a framework-based approach. Competency models begin with the outcomes and therefore use deductive reasoning as their basis; they embrace both the knowledge and skills required to be successful in the present and the future. Competency models provide a common language to describe the skills that are necessary for leadership (Hatler and Sturgeon, 2013).

Competency-based frameworks provide clarity by setting clear and concise communication and expectations about the knowledge, skills, behaviours and attributes required for a particular job. They are consistent as they articulate a common language for a leadership development programme. Competency frameworks do not work in isolation; they provide interconnectivity between training, job descriptions and performance evaluations (Campion et al., 2011).

A caring and resilient model of leadership is therefore required to promote successful leadership (Dyess et al., 2015).Landrito and Sarros (2013) stipulated that the use of a diversity model in the workplace will benefit both leaders and employees, as the workplace is a diverse arena comprising of different race groups, nationalities, ethnicities, languages, cultures, genders and capabilities. Leaders are expected to manage these diversities and still be successful. The proposed model aims to solidify leadership effectiveness while weakening barriers in diverse workplaces. The model also provides a guideline for choosing people into leadership positions. It allows senior management to identify areas of strengths and weakness and engage human resources to assist in training in this area. The goal of this model is to develop leadership excellence (Weiszbrod, 2015).Kvas et al., (2013) stated that a competency model will assist entrepreneurial leaders to obtain success and effectiveness.

The respondents who stated that they do not use a healthcare leadership model that demonstrates successful leadership rated themselves higher across all the dimensions as opposed to the group of respondents that stated they did use one. Often managers have a certain perception about their leadership abilities that may

not be a true reflection; therefore 360 degree feedback is instrumental in giving a balanced account of strengths and developmental areas.

When asked about the types of leadership models used by the private healthcare institutions, the responses obtained were related to the various leadership styles that are practiced and adopted by the nurse managers. This was unrelated to the concept of a leadership model, thus it became clear that the private institutions under study do not make use of a leadership model. Interestingly, the largest percentage of respondents remarked that they use the situational style of leadership. As the nursing environment is dynamic and can be unpredictable at times, situational leadership is well suited to this environment. Emergencies and crisis situations may call for an autocratic approach as the situation is tense and people do well when they are told what they should do. On the other hand, change management may benefit from a participative style of management, where buy-in is required to adopt the proposed change (Naidoo et al., 2014).

The line managers from Institution C had better perceptions of their leadership competencies across all the dimensions, while Institution B had the lowest. This is in direct contrast to the subordinates from Institution B who had better perceptions of their line managers' leadership competencies. This type of assessment will increase the motivational levels of Institution B's line managers as they reflect on the subordinates' responses versus their own. After a discussion with the nursing managers, a true reflection of current leadership competencies will evolve, concentrating development on those areas.

5.4 Comparison of responses from the subordinate and line manager questionnaires

5.4.1 Dimension 1- Inspiring a shared purpose

More nurses agreed and strongly agreed that their line manager takes the initiative and responsibility to put things right outside his/her boundaries if he/she sees others fearing to act, while a third disagreed and strongly disagreed that this is the case. Almost one-fifth neither agreed nor disagreed. In comparison, the majority of the unit managers believed that they take the initiative and responsibility to put things right outside their boundaries if they see others fearing to act, while the minority neither agreed nor disagreed. None of the managers disagreed with the statement.

Employees may not always be in the know when the line manager works outside of his/her boundaries, however, as nursing is a shift-based operation and the night shift is often kept out of the loop with what happens during the day.

Obstacles and criticism do not stop successful leaders from achieving their goals, especially when they are of the opinion that what they are doing is right. They take both personal and business risks when the need arises and are vocal about what they believe in (ANA, 2013).Research undertaken by Leeson and Millar (2013) found that leaders have a desire to take risks; they change the way things are done when what is being done does not achieve the desired results; they speak out against things that prevent employees from achieving goals; and they confront issues with double meanings to bring about clarity. They also rely on the assistance from senior management to do this.

Conflicts of interest often occur within and outside of an organisation; therefore sound leadership involves handling and balancing these conflicts (Ham, 2011).In his interview with medical doctors, Ham (2011) found that medical practitioners disliked interference from other health professionals in their domain of work. Fulfilling this competency appears to be complex, however the subordinates and unit managers concurred in their response to this statement, which means that this competency is positively rated. Line managers who are fearless to act provide an environment in which subordinates feel safe to voice their own concerns and opinions (Asree et al., 2010).

The majority of nurses agreed that their line managers has the courage to challenge beyond his/her boundaries, even when it may involve personal risk, while almost a third disagreed that this is the case. Just under a third neither agreed nor disagreed with this statement. The majority of the unit managers felt that they have the courage to challenge beyond their boundaries, even when it may involve personal risk. The remaining minority remained neutral or disagreed with the statement respectively.

Murphy (2012) was of the opinion that leaders can consider themselves authentic only if they possess the necessary characteristic of courage. In research carried out by Prestia (2010), the respondents explained that they required large amounts of courage in their leadership roles to deal with irate customers, threats and conflict with trade labour unions, threats of violence and the possibility of having their

services discontinued. The majority of the respondents in Prestia's (2010) study believed that they were successful at their jobs because they had the courage to challenge the status quo. In order to advocate for their patients and promote patient centred care, courage is seen as a necessity (Prestia, 2010). Successful leaders encourage appropriate risk--taking and are open to diverse ideas and perspectives, i.e. they are not afraid to challenge the status quo (Dickson et al., 2012).Nursing managers need to be constantly aware of self and the various triggers that they encounter. They must also understand what brings their emotions into a state of disequilibrium and what needs to be done to establish and maintain a balance. Resilience helps to bring about a state of balance (Prestia, 2010).

The majority of nurses believed that their line manager supports the team or their colleagues when they challenge the way things are done, while just under a third disagreed or strongly disagreed on this point. Almost all line managers were of the opinion that they support their team or colleagues when they challenge the way things are done, while the minority neither agreed nor disagreed with the statement. There was thus a slight difference in responses between the subordinates and unit managers to this statement. A leader, who supports the team and allows them to speak openly about their views, even though they may not be popular, possesses self-confidence. These leaders are able to survive in complex and challenging work environments, and can focus on the big picture. While they are wary of contradictions and competing forces that affect their environment, they possess the skills, abilities and strength of mind to deal with the current happenings (Brittain and Bernotavicz, 2014).

According to the employees who participated in Bamford et al.,'s (2013) research, good leaders implement new or cutting-edge programmes/processes without fear of failure. They also speak out against what they believe is unfair, identify opportune moments to improve the service, encourage others to be risk takers by supporting their decisions, and ensure that constructive learning takes place from negative incidents and issues that have occurred. They realise that subordinates depend on them to fulfil this role and get their voices heard. Fulfilling these competencies increases job and employee engagement.

Most nurses agreed that their line manager has the self-confidence to question the way things are done in their area of work, while a fifth disagreed or strongly disagreed and just over a fifth neither agreed nor disagreed. In contrast, the majority of line managers believed they have the self-confidence to question the way things are done in their area of work, but a small percentage neither agreed nor disagreed. Self-confidence is a belief and conviction in one's own ability, success, and decisions or opinions when executing plans and addressing challenges, which is necessary for successful leadership (NHCL, 2010). It may be that the nurse managers question the way things are done but their employees are not always aware when this happens, however.

Brittain and Bernotavicz (2014) found that nurse leaders who question how things are done in the workplace increase their credibility, and subordinates are more willing to follow the lead of someone who has the confidence to challenge the status quo. The nurse leader must take risks while willingly upholding personal moral principles. Hannah, Avolio &Walumbwa (2011) concluded in their research that organisational leaders can promote moral courage and action amongst their followers if followers see their leaders question the way things are done. Bimray andJooste (2014) established that leaders set the pace through role modelling and the positive contexts that they establish to promote the moral courage of followers. Leaders are self-confident, especially through difficult times, and deal with issues head on instead of avoiding them. This competency appeals to employees and makes them brave.

Just over half of the nurses indicated that their line manager actively promotes the values of the organisation, while a fifth responded negatively to the statement. In comparison, all the line managers believed that they actively promote the values of the organisation. This significant difference in perception needs to be examined more closely to improve this competence. When nurse managers feel frustrated with the values and strategies of the organisation they work for, they can resort to sharing these frustrations with the employees they have forged a close bond with. This could potentially lead to subordinates believing that the line manager is not promoting the values of the organisation, which drive the vision and goals of the organisation.

In his interview with nurse managers, Cline (2015) uncovered that they find it difficult to incorporate the organisation's values in everyday activities and guide subordinates into adopting the values in their everyday activities, due to the various stressors and frustrations incurred in their job. Leaders are role models of professionalism, which creates a culture of dignity and respect. This culture sustains the way team members work together, enhances service delivery and increases customers' satisfaction with the organisation. These should be the values of a successful healthcare organisation and the leader is crucial in driving these values (Ham, 2011).Leaders are instrumental in creating organisational success and must understand their own values and vision in order to be able to set a direction and establish a consensus for following that direction. Leaders who do not live the values of the organisation run the risk of creating double standards. Eisenhardt et al., (2014) found a positive relationship between line managers who live the organisation's values and employees who follow their lead.

The majority of the nurses noted that their line manager inspires them in tough times by helping them to focus on the value of their contribution, while almost a third responded negatively. The majority of line managers believed that they engage in this behaviour. Anitha (2014) discovered positive relationships between employee recognition and employment engagement levels; the more managers focus on their employees' contributions, the greater the level of engagement with the organisation. Effective leaders have a firm understanding of the human component in an organisation. They make plans to ensure that employees feel valued and recognised and are developed to achieve more than they thought possible. Getting through difficult periods in an organisation, such as retrenchments and other changes, is taxing on all employees, and this is the time leaders must focus on employees' contributions to the organisation (Anitha, 2014).People management include building an organisational culture that demonstrates to employees that diversity is embraced and that every staff member has an equal opportunity for development (NCHL, 2010).

More nurses responded positively that their line manager behaves consistently and makes sure that the team does as well, even when they are under pressure. Over a quarter disagreed or strongly disagreed, however, while 100% of line managers said that they behave consistently and make sure that their team does as well, even

when they are under pressure. The difference in perceptions between line managers and subordinates could be because the direct line manager works the day shift and thus have more interactions with day nurses. Akerjordet and Severinsson (2010) concluded that nurse managers who behave consistently, irrespective of changing circumstances, display emotional intelligence. Subordinates are in awe of this leadership quality and depend on the line manager to bring calm to a situation. Effective leaders display the characteristics associated with emotional intelligence; they acknowledge how their behaviour affects others, how they react to stressful situations, how they react to a variety of situations, how their ability to make decisions is affected by the emotions they experience, and how to formulate feedback based on consultation with various sources (NHS, 2011). Leaders' emotions — both positive and negative — are highly infectious. It is not only critical to be aware of your emotions – one also needs to manage one's feelings (Olson and Simerson, 2015).

Successful leaders are able to handle pressurised situations with ease as they possess the ability to remain positive even when the situation they find themselves in is far from ideal. They use adversity as a means to build resilience, persist even when the outlook is bleak, remain composed in times of crisis, and are quick to move on (Bernatowitz et al., 2010).When leaders display inconsistent behaviour they lose the trust of their followers, who then do not achieve organisational goals (Daly et al., 2014). Leaders have high energy levels and a healthy tolerance for stress; they are able to remain balanced through conflict, chaos and crisis, and are still able to think rationally and communicate effectively (Yukl, 2013).

The majority believed that their line manager enables them to see the wider meaning in what they do, yet almost one quarter responded negatively to the statement. In contrast, the majority of line managers believed that they get their staff to see the wider meaning in what they do, while a small percentage neither agreed nor disagreed. A study conducted by Aon Hewitt (2014) concluded that when employees are able to see the wider meaning of what they do, their levels of engagement increase. This has a direct influence on retention, productivity and job satisfaction. MacPhee (2013) ranked the five categories of leader empowering behaviours, as identified in order of priority by subordinates, as: making work meaningful to employees, allowing subordinates to take part in problem solving and formulating

plans, making clear the way to achieving objectives, and challenging the red tape that many organisations are enclosed in. When employees see the bigger picture it provides meaning to what they do and they are more willing to achieve organisational success (Bersin, 2015).

More nurses were of the opinion that the line manager acts as a role model for belief in and commitment to the service, while almost a quarter disagreed that this is so. Comparatively, all of line managers responded positively that they act as a role model for belief in and commitment to the service. Turkel's (2014) research findings suggested that nurse leaders need to lead from the heart to be a role model for belief in the service, as nursing is a caring profession. Senior leaders in an organisation are role models of the vision and should behave in accordance with the vision and inspire others to behave in a similar way. Their behaviour incorporates the values, ethics and attitudes that are embodied in the vision. They uphold moral conduct by exhibiting traits of honesty and integrity consistently and are quick to act against behaviours that are not aligned to the vision. They make use of stories and symbols to make the vision attractive to followers and discard stories that are not aligned to the vision. Self-awareness is evident in the behaviour that the leaders displays (NHS, 2011) .They communicate the vision in such a way that it motivates followers. In his research on how healthy work environments can be created, Blosky and Spegman (2015) concluded that it is the responsibility of the nurse leader to uphold professional behaviour and ensure that the team does the same.

In this dimension, the category of the nurse as well as location of the healthcare institution were found to be influential on leadership competencies ($p=0.041$ and $p=0.003$ respectively. The number of years working under the current line manager was not an influential ($p=0.169$). For managers, the healthcare institution, number of years as unit manager, having a tertiary qualification in management and the type of tertiary qualification did not have a significant impact on ability to inspire a shared purpose ($p>0.05$).

5.4.2 Dimension 2- Leading with care

Just over half of the nurses responded positively that the line manager notices negative or unsettling emotions in the team and acts to put the situation right while a quarter disagreed. Almost three-quarters of the line managers believed that they

notice negative or unsettling emotions in the team and act to put the situation right, however, while a small percentage neither agreed nor disagreed with the statement. Successful leaders are sensitive to changes in emotions in their subordinates. They are quick to pick up on peer conflict and act immediately in the interests of all parties involved (Dixon-Woods et al., 2014). Research conducted on nurse leader resilience by Jackson and Daly (2011) found that nurse managers who are sensitive to changes in their working environment and act to resolve negative situations build team spirit more effectively than those that do not. Effective leaders understand that negative emotions, if left unattended, can be detrimental to the attainment of organisational goals.

The majority of nurses agreed that the line manager's actions demonstrate that the health and wellbeing of the team are important to him/her, while a quarter disagreed that this was the case. In comparison, almost all line managers agreed that their actions demonstrate that the health and wellbeing of the team are important to him/her, while a small percentage neither agreed nor disagreed. This difference in perception can be attributed to employees and line managers' perceptions of what demonstrations entail. Caring leaders develop and implement policies that meet the needs of the diverse group of individuals that comprise the workforce. They make concerted efforts to learn about different cultures and strive to establish an equitable workforce. The culturally aware leader listens to and considers differing viewpoints and sources a variety of skills to complement the goals of the organisation (ANA, 2013). Research conducted by Levay (2010) on the attributes of charismatic leadership found that subordinates described effective leaders as those who not only take the time to converse with employees, but also carry out acts that show that they care. When employees feel cared for they have higher engagement and are more willing to work toward organisational goals. Leaders who take the time to plan staff wellness days which optimise employees' physical and mental wellbeing are perceived as being genuinely caring and acting in employees' best interests (Levay, 2010).

A larger number of nurses agreed that the line manager carries out genuine acts of kindness for their team, while a quarter disagreed with this statement. In contrast, almost all line managers stated that they carry out genuine acts of kindness for their

team, while the remainder neither agreed nor disagreed with the statement. The difference in opinion could be attributed to perceptions regarding acts of kindness. Kindness refers to human dignity by demonstrating courtesy, respect, and warmth. Cowden, Cummings and Profetto-McGrath (2011) undertook research to determine leadership practices' effects on staff nurse retention. The study concluded that one of the components of leadership that staff nurses valued was kindness, which often arises from empathy, or the capability to share and understand the emotions and feelings of other people. Managers who displayed acts of kindness were more likely to retain this category of nursing staff. Bimray and Jooste (2014) found that kindness was an essential characteristic in self-leadership and that employees find the notion of 'do unto others as you would have them do unto you' comes strongly to the fore as part of effective leadership. Acts of kindness convey a sense of belonging to employees. Good leaders take the time to know and understand their subordinates, and they perform genuine acts of care (Sharma and Jain, 2013). They are change agents who embrace the fact that change is inevitable, unavoidable, unstoppable and unpredictable (Lewis, Yarker, Donaldson-Feilder, Flaxman and Munir, 2010).

Just over half of nurses responded positively that their line manager understands the underlying reasons for his/her behaviour and recognises how it affects the team. Only a quarter disagreed that this happens. Almost all of the line managers believed that they understand the underlying reasons for their behaviour and recognise how it affects their team; the remaining minority neither agreed nor disagreed. Mature leaders understand and internalise their value systems and understand that individuals and team members may not share the same values. They are able to acknowledge their strong points and areas that require development, are sensitive to team members' needs, take the time to examine how their behaviour patterns affect others in the team and how their own emotions impact the way they formulate plans and decisions (NHS Leadership Academy, 2011).

Emotional intelligence is considered an essential trait for leaders to possess. It involves using emotions in an intelligent way to deal with people and make decisions. It involves perception of emotions, understanding how it influences behaviour, expressing emotions appropriately and dealing with emotions in a way that is professional and respectful. Research by Miller (2012) found that people who

are able to manage and control their emotions have healthier interactions with others socially. They display a propensity toward leadership roles. Effective leaders take good care of themselves, use constructive outlets for tension and frustrations, make needed adjustments in their own behaviour and are aware of their feelings (ANA, 2013). A perceptive leader is self-assured and makes their presence felt. They are also aware when their emotions are stimulated and how it affects others in the organisation. They are role models of desired behaviour, reward others for contributing to the good of the organisation, and allow others to bask in the limelight (Bernowitz et al., 2010). Leaders display emotional maturity in that they are able to keep their emotions under control in stressful circumstances, can remain positive, and are aware of both their strengths and weaknesses (Yukl, 2013).

The majority of nurses agreed that their line manager acts with appropriate empathy toward their team members, while over a quarter disagreed with this. Almost all of the line managers agreed or strongly agreed that they act with appropriate empathy toward their team members, while a small percentage neither agreed nor disagreed. Again, there was a difference between the employees' and line managers' responses to this statement, thus line managers would do well to examine the concept of empathy further.

In his research on job satisfaction as an antecedent to employee engagement, Abraham (2012) discovered congruent relationships between empathy and job satisfaction. Subordinates who rated their line managers as empathetic had higher mean ranks in job satisfaction scores. Nurse leaders must nurture other people and be aware of how people in the team feel by emotionally tuning into staff members. Geyer et al., (2010) described compassion as a willingness to enter into a relationship in which not only knowledge, but also intuition, strengths, and emotions, could be fully engaged. This also includes empathy, which refers to a nurse who holistically understands how somebody else thinks and feels at a particular point in time (Bimray and Jooste, 2014). Empathy is required to develop others constructively, to understand organisational politics, and to respond proactively to customers' needs. When leaders act with empathy they allow employees the opportunity to attain emotional wellbeing, which leads to a productive workforce (Taft, 2012).

More nurses responded positively to the statement that the line manager cares for his/her own physical and mental wellbeing so that he/she creates a positive atmosphere for their team and service users, while almost a third disagreed with the statement. Nearly all of the line managers believed that they care for their own physical and mental wellbeing so that they create a positive atmosphere for their team and service users, while a small percentage neither agreed nor disagreed with the statement. It is interesting to note that none of the line managers disagreed with the statement, as the levels of emotional stress associated with managing a nursing unit often leaves managers with little energy to focus on their own mental and physical wellbeing (Kelly, 2011).

This concurs with research conducted by Prestia (2010), which found that nurse managers had difficulty looking after their physical and mental wellbeing due to the demands of their roles. Successful leaders understand that they are human and feel a range of emotions, but what sets them apart is their ability to control these emotions and use them constructively; they do not allow negative emotions to dictate how they treat others. Leaders never shy away from responsibilities, they instil a sense of responsibility in others, they maintain high standards of work, they make flexible plans, they are considerate of other's needs, and they prioritise time to complete allocated tasks while still looking after their own physical and mental wellbeing(NHS, 2011; Voices of the Staff,2010). Leaders who aim for optimal physical, emotional and mental health to enable them to deal with the challenges of a dynamic work environment rate higher on resilience scales (Mannix, Wilkes and Daly, 2013).

More than half of the nurses agreed that their line manager helps to create conditions that help their team provide mutual care and support, while a quarter disagreed. Virtually all of the line managers responded positively that they help to create conditions that help their team provide mutual care and support, while just one neither agreed nor disagreed with the statement.

Ethical leaders do what is right, keep in confidence all information that should be treated as such, behave ethically even at their own personal expense, fulfil all

promises, and align their behaviour to the organisation's value system (ANA, 2013).In research on the effects of the democratic and autocratic leadership styles on job satisfaction, Bhatti et al., (2012) found that democratic leaders lead by example, maintain respect for others, are sensitive to the needs of others, act with appropriate empathy to the different situations team members find themselves in, create a caring workplace, and ensure that employees are satisfied with their respective jobs. Employees who feel supported and cared for by colleagues are more productive in the workplace as they are able to share their feelings and anxieties with each other and display higher levels of engagement with their organisations (Bersin, 2015).

Just over half of the nurses affirmed that their line manager pays close attention to what motivates individuals in their team so that he/she can channel employees 'energy to deliver for customers, while a third felt otherwise. More of the line managers were of the opinion that they engage in this behaviour. Successful leaders guide and direct others toward goal achievement and in so doing make use of the talents of others, understand what motivates others to reach goals and direct energies to focus on this, regularly assess how the team is performing, guide team members to fulfil their roles and responsibilities, and communicate the need for a superior patient experience (NHS, 2011).

Rawung (2012) conducted research on administration employees in a university study which revealed a strong positive relationship between leadership and levels of employee motivation. Leaders play an important role in motivating employees and need to have an understanding of the various theories of motivation. Maslow's theory argued that the lower level needs to be filled first before the next level needs can be filled. Motivation is the impetus and initiative exercised by the entrepreneurial leader to direct others to pursue and attain personal and organisational goals. The leader utilises motivating factors found in the organisation and in the environment as opportunities to persuade staff to achieve organisational goals, increase the knowledge base, take on complex and intricate tasks, and concentrate efforts on contributing to society at large. These opportunities are maximised by the leader who creates a workplace where employees continuously strive to do their best as a result of the inspiration provided by the leader. Organisational goals are attained at a faster

pace when a leader is able to motivate followers (Voices of the Staff, 2010). Research undertaken by Cavazotte et al., (2012) found that leaders who exhibit inspirational motivation have higher levels of managerial performance, motivate employees to overcome emotional and psychological difficulties, and source the strength to handle future difficulties. In her research, Almansour (2012) found positive relationships between the transformational, transactional and situational leadership styles and motivation levels in teams.

Just over half the nurses believed that their line manager takes positive action to ensure that other leaders are taking responsibility for the emotional wellbeing of their teams, while¾ of line managers responded that they do. The normal philosophy for nursing management is that each line manager is fully responsible for their own unit's outputs and employees; therefore the line managers' perception of this statement indicates that there is some movement away from the usual silo formation. Successful leaders inspire and direct subordinates towards attaining set objectives, regularly ensure that work relationships are healthy, develop a sense of dedication in followers by leading by example, influence subordinates to work as a team, share leadership, and help teams become integrated (Voices of the Staff, 2010). Effective leaders understand the challenges of the healthcare environment and assist their colleagues in difficult times. The majority of nurse managers in this study indicated that it is their responsibility to ensure the wellbeing of other teams by identifying problem areas, and are not afraid to confront this. However, some stated that it is difficult to intervene when their span of control is limited to their own teams (Scott and Miles, 2013). The nature of teamwork dictates that managers and leaders work across boundaries and nurture and grow colleagues in the field of leadership. Organisations can no longer afford to work as individual units, but rather recognise an interdependence of departments (McCauley and McCall, 2015).

The majority of nurses believed that their line manager shares responsibility for their team members' emotional wellbeing, while just over a quarter disagreed with this statement. Almost all of the line managers were of the opinion that they share responsibility for their team members' emotional wellbeing; however, while a small minority neither agreed nor disagreed with this statement. In Bersin's (2015) research on employee engagement, it was found that a substantial number of employees felt that their line manager did not share responsibility for the team's

emotional wellbeing, which led to declining employee engagement. It is imperative that leaders are aware of their biases and make concerted efforts to manage these, as they have a responsibility to listen to others, form an open arena for constructive discussions, give promotions based on fairness and skill, and are tolerant of other cultures and diversity, as this enhances employees' emotional wellbeing (Bersin, 2015). Emotional wellbeing is an essential element in a well-rounded individual. This lends itself to employee productivity and the ability to contribute to organisational goals. Good leaders realise that they have a responsibility to create an environment that can support emotional wellbeing if employees are to experience job satisfaction (Roebuck, 2011).

The category of nurse did not influence perceptions of leadership competencies along this dimension ($p=0.012$) while the location of the healthcare institution did ($p=0.03$). The number of years working under the current unit manager did not influence leadership perceptions across this dimension ($p=0.200$). For the managers, the healthcare institution, years employed as a unit manager and type of tertiary management qualification did not influence the perceptions of leadership competencies in this dimension ($p > 0.05$).

5.4.3 Dimension 3- Evaluating information

The majority of nurses agreed that their line manager records all essential data for their area of work accurately and on time, while almost a third disagreed with this. Most line managers responded positively that they record all essential data for their area of work accurately and on time, while a sixth neither agreed nor disagreed with this and only 1 disagreed. The responses to the statement indicate a significant difference between the employees' and line managers' perceptions about recording essential data. If line managers do not communicate appropriately to employees about the relevant data, then employees will not be aware of what is being recorded. While interviewing nurse managers, Prestia (2010) found that recording of information was not always a priority due to the other demands of the job such as resolving customer complaints, sourcing adequate staff for the units and completing the administrative parts of the job.

When managers record essential data, they provide a communication tool for subordinates. This ensures that subordinates are aware of the progress towards

goals, the clinical outcomes that need to be achieved and the plan of action to achieve them (NHS, 2011).

Just over half the number of nurses agreed that their line manager looks outside his/her area of work for information and ideas that could bring about continuous improvement, while a quarter disagreed. Just over three-quarters of the line managers responded positively that they look outside his/her area of work for information and ideas that could bring about continuous improvement, while a fifth neither agreed nor disagreed and a small percentage disagreed. The responses of both employees and line managers were congruent with each other; therefore this appears to be a true reflection of what takes place. The nurse managers are often preoccupied with the daily activities of staffing, cost control, safe clinical care and customer satisfaction that they rarely find time to look outside the area of work for different ideas.

This is in line with Prestia's (2010) research findings, who recommended that organisations set specific times for nurse managers to gather information from outside sources. Leaders are instrumental in identifying what needs to be changed and the variables that must be considered when change is implemented. Competent leaders are acutely aware of the political, social, technical, economic, organisational and professional environment; understand and interpret relevant legislation and accountability frameworks; anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes; and develop and communicate aspirations (NHS, 2011).

Senior leaders understand that networking is a strategy that is used to achieve the organisation's vision as it sees the leader involving the relevant stakeholders in bringing the vision to life (NHS, 2011).

Just over half of the nurses felt that their line manager creatively applies fresh approaches to improve current ways of working, while a quarter disagreed with this. Just over three quarter of line managers positively responded that they creatively apply fresh approaches to improve current ways of working, while just under a fifth neither agreed nor disagreed and a small percentage disagreed with the statement. The line managers had a far greater positive perception of this statement, which could be because the employees working the night shift are not communicated to

often enough and are not kept updated about the new ideas that pertain mostly to the employees working the day shift. Subordinates in a study conducted by Casida and Parker (2011) indicated that they get bored with routines that are well established in nursing. The majority felt that they would achieve their goals more easily if creative approaches were used.

Leaders are stewards of innovation and creativity and hold the belief that this leads to creating an improved service. They foster innovation by being innovative and inspiring employees to do the same. They look away from conventional approaches to problem solving and are not afraid to ask questions about the way things are currently done, stimulating healthy debates while looking for innovative outcomes (NHS, 2011). Effective leaders promote an environment where employees feel free to try out new and unconventional ideas to achieve goals. They encourage new ideas that will remove employees from the boredom of repetitive work. Successful leaders initiate innovation and are not the only ones that produce creative ideas (Casse and Claudel, 2011).

Just over half the nurses agreed that their line manager carries out or encourages research to understand the root cause of issues, while just over a quarter felt that this is not so. Just over two-thirds ofthe line managers agreed that they carry out or encourage research to understand the root cause of issues, while a third neither agreed nor disagreed. Research in nursing can be formal or informal and follows the principle of quality improvement. This has been a neglected area in nursing, with research being included on a very small scale in certain post basic nursing courses. Nurse managers who do not embark on these courses thus have little or no knowledge on how research is conducted (Shirey, 2015). However, the importance of research in nursing cannot be emphasised more, as it forms the basis to improve practice, motivate for more resources in nursing, and improve the quality of nursing care (Brink et al., 2010).

Leaders are skilled at using critical and analytical thinking to evaluate information, conceptualise to pinpoint areas that require an improvement in services, and work well as a part of a team so that outcomes are successful. Perceptive leaders do not ignore what customers are saying about their service but rather use feedback to create solutions and improve the overall service. They also work in collaboration with

others in the belief that teamwork yields better results. Quality improvement methodologies are used to analyse situations and plans made to structure improvements, which are evaluated regularly (NHS, 2011). Nurse leaders do not underplay the importance of research; rather they utilise opportunities to conduct research that will ultimately lead to an improved service. Strategic leaders believe that science must be incorporated into any plan that strives to improve the practice of nursing, including the formulation of policy. The profession of nursing has to be guided by research, whether in the practice of nursing or nursing education (Merrill, 2015).

The category of the nurse, the healthcare institution and the number of years working under the current unit manager did not influence the perceptions of leadership competencies across this dimension ($p>0.05$). For managers, the healthcare institution, the years employed as a unit manager and having a tertiary qualification in management were not influential variables on leadership competencies in this dimension ($p>0.05$). Managers that felt their qualification equipped them to be a better leader had a higher mean rank for this dimension. This was an influential variable of leadership competencies in this dimension ($p= 0.001$).

5.4.4Dimension 4- Connecting the service

Just over two-thirds of the nurses agreed that their line manager understands the formal structure of their area of work, while only a fifth disagreed with this. All of the line managers responded positively that they understand the formal structure of their area of work. Each line manager must be familiar with the scopes of practice that outline each nursing category's formal structure of work. Shirley, McDaniel, Ebright, Fisher and Doebbeling (2010) concluded that due to limitations in human resources, certain categories of nursing staff function outside of their scope of practice. This can be perceived as the line manager not understanding their formal structure of work. Strategic leaders do not depend on a single source of information to determine how they are performing, but rather utilise and examine information from a variety of stakeholders. They use this information to decide what must be done to improve their performance and never shy away from difficulties and complex situations. They never discard knowledge gained from experience, but use this knowledge to grow the organisation (NHS, 2010).

In research conducted by Dawson et al., (2011), it was found that hospitals had staff with high levels of employee engagement and job satisfaction, and the customers who were interviewed agreed that they felt respected, cared for and were treated by compassionate healthcare workers. The information that was collected indicated that when healthcare workers feel supported, respected, cared for, listened to and involved in the decision making of the organisation, the healthcare organisations they work for report lower mortality rates than other organisations, i.e. healthy working environments support safe clinical outcomes (West et al., 2011). Managers who actually participate in the physical work that subordinates are responsible for earn their appreciation and are seen as being dependable, and hierarchies are bridged(Polodny, 2010).

The majority of nurses perceived that their line manager hands over effectively to others and takes responsibility for continuity of service provision, while a fifth felt otherwise. All of the line managers believed that they hand over effectively to others and take responsibility for continuity of service provision. The nursing handover is done at shift change where the line manager is instrumental in ensuring that the correct clinical information is passed on between shifts; this handover process must be followed to ensure continuity of care.

The senior managers in a healthcare setting are responsible for formulating the vision and communicating the strategy to the rest of the organisation. The leaders in the organisation take the vision forward and make it a reality by ensuring the continuity of service provision. Although the strategy is developed at the executive level, the employees on the ground must be involved in how the strategy will be executed. This ensures that the vision is translated into a workable reality (NHS, 2011). Rosa and Neves (2014) established positive relationships between an effective clinical handover and patient safety outcomes.

Over half of the nurses agreed that their line manager knows what he/she needs to do so that well-judged decisions are made in the organisation, however just a fifth felt that is was not so. Nearly all the line managers positively responded that they know what they need to do so that well-judged decisions are made in the organisation, while a small number neither agreed nor disagreed with the statement. Again, there is a difference between the employees' and subordinates' perceptions.

Strategic leaders are involved in creating plans that allow the organisation to achieve goals. In order to ensure that these plans are realistic and will achieve the desired goals however, the leader must consider customer feedback, stakeholder feedback, feedback from colleagues and the network system, and their own experience. Leaders actively contribute to plans to achieve service goals (NHS, 2011).

Dyess et al., (2010) found that managers without a tertiary qualification in management find it more difficult to make good decisions as opposed to those who do. This could be attributed to the fact that the decision making framework is covered extensively in post basic management courses. Competent leaders do not hesitate when making decisions, do not become paralysed or overwhelmed when facing action, and are action-oriented (ANA, 2013). A study conducted by Baker et al., (2012) concluded that leaders who consider both internal and external variables in decision making make more effective decisions than those who consider only the internal variables. Leaders make evidence-based decisions that incorporate their value system, and are able to remove emotion from the decision making process and communicate decisions to all concerned. They realise that employee participation is important as it builds ownership for the decision that is made (NHS, 2011). Effective leaders also use data and other inputs to make informed decisions and evaluate the future impact of decisions (Dickson, 2012).

While a quarter of nurses disagreed that their line manager understands how financial and other pressures influence the way people react in their organisation, the majority of respondents agreed that this is the case. All the line managers responded positively to this statement. Line managers need to communicate to staff the importance of cost containment and the pressures that an organisation encounters, as this will help employees see the wider meaning in what they do.

Resources are not readily available due to the financial pressures that healthcare organisations find themselves under. It is the responsibility of the leader to ensure that resources are managed effectively. Leaders must have knowledge of the resources that are at their disposal and must take steps to ensure that these resources are used optimally and safely. Leaders may be required to provide sound motivations for resources that they do not have at their disposal, but which are required to provide a safe and efficient service (NHS, 2011). Management of

financial, human and other resources and monitoring expenditures make up the bottom line for businesses. Kelloway and Barling's (2010) research on leadership development found that the majority of subordinates who participated in their survey felt that the financial aspects of the business were not communicated to them. They were not aware of cost containment measures, which ultimately led to wastage.

Over half of the nurses believed that their line manager is flexible in his/her approach so that he/she can work effectively with people in the organisation, while a quarterdid not share this belief. Virtually all of the line managers believed that they are flexible in their approach and can work effectively with people, while a very small minority neither agreed nor disagreed with the statement. Effective leaders ensure that their plans and actions are flexible, and take account of the needs and work patterns of others (NHS, 2011). They break down the complexities of a situation into simple and achievable parts and then find the best method to solve the problem. A leader exercises flexibility in that they seek the input of others and do not believe that their way is always the best way. They involve themselves in discussions with others with a view to solve organisational problems from a broad context; power and status are meaningless to a flexible leader (ANA, 2013).

Employees who perceive that their organisation is flexible, humane, and inclusive obtain higher employment engagement scores than those who perceive otherwise (Bersin, 2015).Effective leaders model flexibility and an openness to change (Dickenson et al., 2013), and tend to network outside of their work domains in an attempt to seek out new and innovative ideas. MacPhee et al., (2013) found that flexible leaders who created networks outside their work domains displayed an enhanced leadership capability, while Shirey (2015) deduced that if nursing leadership is to be successful in these challenging times, they must be flexible, energetic, and opportunistic and incorporate strategic agility into their leadership styles.

For this dimension, the category of nurse and the number of years working under the current unit manager did not influence leadership competencies in this dimension ($p= 0.055$ and $p= 0.256$ respectively). The location of the healthcare institution influenced perceptions was found to be influential of leadership competencies ($p<0.05$). For the managers, the response to the question "your qualification equips you to be a better

leader" influenced the leadership competencies in this dimension (p=0.025). The healthcare institution, the number of years as a unit manager and having a tertiary qualification in management was not regarded as influential variables (p>0.05).

5.4.5 Dimension 5- Sharing the organisation's vision

Almost two-thirds of the nurses agreed that their line manager is visible and available to all in their team, while a quarter disagreed, yet all the line managers responded positively that they are visible and available. Visibility and availability of the line manager decreased with the night shift nurses, as they see the managers only for very short periods as opposed to the day shift nurses. On the other hand, line managers may get caught up with their administrative duties and end up spending many hours locked away in an office. The leadership style - managing by walking around (MBWA) - can be used by leaders as an opportunity to meet and communicate with employees. By utilising MBWA, the leader is able to visualise what is happening on the floor, what activities staff engage in, and what activities take up too much time. These rounds will also provide employees with an opportunity to bridge the gap with management and voice their suggestions on how performance can be improved. Leaders will also be able to speak to patients, who will be given the opportunity to share their experiences with the senior management of the institution.

Miller (2012) found that leaders who manage by walking around have a greater understanding of the needs of their customers and planned improvements based on the information they gather. Team communication skills include management by walking around (MBWA) and facilitating meetings. When managers are out of touch with employees, they are also out of touch with customers. A core factor in leadership effectiveness, as outlined by Curtis et al., (2011), is the availability of the leader. In organisations where leaders had minimal direct interaction with employees, the employees rated their leaders' effectiveness as minimal, and vice versa. Junior leaders also learn how to lead from senior leaders that are visible in the workplace (Curtis et al., 2011).

More than half of the nurses responded positively that their line manager communicates honestly, appropriately and at the right time with people at all levels, while just under a third disagreed with this statement. Almost all of the line managers

were of the opinion that they communicate honestly, appropriately and at the right time with people at all level. In the nursing profession it is imperative that communication is ongoing to ensure that the practice is consistent and safe levels of care are delivered to all patients (Edmonstone, 2011).

In research undertaken by Polodny (2010), the majority of respondents agreed that leaders who communicate with them according to their levels of understanding foster teamwork by doing so. Effective leaders understand that communication must be tailored to different needs and that there is no generic recipe for communication. They also accept that people will never always agree on what is being done, and believe that genuine, honest communication is a prerequisite for conflict management (Polodny, 2010). There are three levels of communication skills for leaders, namely core communication skills, team communication skills and strategic and external communication skills (Miller, 2012).Core communication skills include interpersonal skills, verbal and written communication, active listening, giving and receiving feedback, and conflict and negotiating skills.

A slim majority of the nurses agreed that their line manager helps them appreciate how their work contributes to the aims of the team and the organisation, while almost all the line managers responded positively and a small percentage neither agreed nor disagreed. The discrepancy between the responses of the line managers and employees could be because the night duty shift may spend a small percentage of time with their line manager, which is usually spent dealing with issues, errors and complaints that may have occurred during their time on duty. This is not considered quality time where the focus is on recognising staff for good work done. Rewarding and appreciating employees' work leads to job satisfaction, whereas the reverse is also true (Adair, 2015). Research conducted by Casse (2012) found that the majority of nurse managers in the study did not take the time to show appreciation for work well done or did not have the resources to appreciate work appropriately, which led to a decrease in leadership effectiveness.

Almost a quarter of the nurses disagreed that the line manager breaks things down and explains them clearly, while the just over half agreed with this statement. All of the line managers responded positively, pointing to a discrepancy in how subordinates feel as opposed to how line managers feel. The nursing world is made

up of a diverse population from different educational and socioeconomic backgrounds, therefore simple and clear communication is often needed to ensure that everyone has the same understanding of what needs to be done. The level of tertiary education also differs between the different categories of nurses, so it is imperative for the line manager to ensure that there is a common understanding between all nurses.

Senior leaders not only formulate strategy, but they also ensure that the strategy is communicated to all members of the team in a way that they can understand. Leaders do not take it for granted that all employees will understand what is said in the same way. In developing strategy they look to employees for their ideas and contributions, and explain strategy in a way that is simple to understand. They also create a work environment where employees feel safe to discuss their concerns honestly (NHS, 2011).Effective leaders let people know the direction of the organisation, make specific organisational goals and plans, and are clear about their expectations (ANA, 2013).

Tourish (2014) reported that ineffective communication is directly related to ineffective leadership. Participants in the survey felt helpless when leaders did not keep lines of communication open or when the communication was unclear. Leadership is a process of continuous communication. Successful leaders get employees' buy-in by explaining what must be done and the reason for it. Leaders coach, listen attentively to employees and show genuine interest in them (Ulrich, 2015).

Just over half of the nurses agreed that their line manager helps them to see their vision as achievable by describing the "journey" they need to take, while a quarter disagreed with this statement. Just over nine of every ten line managers believed that they help employees to see the vision as achievable, while the remainder neither agreed nor disagreed with the statement. The line managers have a far better perception of this competence as opposed to the employees, however, as senior leaders not only formulate the vision, but they also describe the path employees must take to make the vision a reality. In describing the journey, leaders include the importance of employee participation. The path to the achieving the vision also includes the community, the stakeholders, as well as the customers, who

then feel ownership of the goals and outcomes. The vision must be optimistic and realistic and the path to achievement must be clear (NHS, 2011).

Organisational change must be aligned to the vision of the organisation. To bring about successful organisational change, leaders must explain clearly the reasons for change (Voices of the Staff, 2010). Creating, communicating and inspiring others towards the vision is a key competence of good leaders. The majority of the participants in the study conducted by DeRue and Ashford (2010) did not know how the vision would be achieved. Subordinates interviewed in Baker et al.,'s (2012) research indicated that it was the nurse manager's responsibility to communicate the vision to them, with the majority agreeing that knowledge of the vision is important in achieving organisational goals.

Just fewer than half of the nurses agreed that the line manager uses stories and examples to bring the vision to life, while a quarter disagreed with this. Fewer than three-quarters of line managers responded positively that they use stories and examples to bring the vision to life, while a small percentage neither agreed nor disagreed with the statement and only four disagreed. Employees and line managers will have to have worked at an organisation for a certain period of time to be familiar with the culture and stories that have evolved over time. Statistics reveal that the turnover at the institutions under study is higher than the norm, which could contribute to the 25% employee perception that stories and examples are not used. Stories are embedded in an organisation's culture, which is defined as a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration. A culture has worked well enough to be considered valid and to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (Schein, 2010). As history develops, stories evolve and reinforce assumptions. The evolution of stories is nothing new to organisations and more and more stories are being used as a means to share cultures, experiences and knowledge.

Research conducted by Sole and Wilson (n.d.) suggests that sharing knowledge and experiences by means of stories fosters trust, gives rise to norms and traditions, allows the transfer of knowledge, guides the process of teaching, and creates connectedness on an emotional level.

Just over half the nurses agreed that their line manager describes the purpose of the job, the team, the organisation and how they will be different in the future, while less than a quarter disagreed with the statement. Nearly all of line managers were of the opinion that they describe the purpose of the job, the team, the organisation and how they will be different in the future, while a small percentage neither agreed nor disagreed and only one disagreed. The line managers have a better perception to the statement mainly because they may communicate the information to the nurses on the day shift and don't pay enough attention to the night nurses, due to time constraints. Communicating with each team and ensuring that every member gets the information is a complex task in a nursing unit, primarily due to shift work and the availability of the line manager. According to Bakar and Connaughton (2010), leaders have the responsibility to structure all forms of communication around the vision, mission, philosophy and values of the institution, as this keeps employees fixed on the vision. Research conducted by Miller (2012) has highlighted that many subordinates feel that their leaders do not communicate the vision and purpose of the job as well as they should, which leaves employees and external stakeholders confused about the direction of the organisation and where they fit into it. Bakker (2011) established positive relationships between knowing what is required on the job and employee engagement.

More than half of the respondents agreed that their line manager encourages others to become "ambassadors" for the vision and generate excitement about long term aims, while a quarter disagreed with this. Of the line managers, the majority responded positively and only three neither agreed nor disagreed. It is interesting to note that none of the line managers disagreed with the statement, while a quarter of employees did.

Senior leaders not only make the vision clear to employees but they also inspire them to concentrate their efforts on attaining the vision. The vision is talked about in a way that appeals to employees' emotions as the leader portrays the vision with enthusiasm and continuously inspires the team to embrace the positive achievements that are possible (NHS, 2011). Middle managers depend on the top managers to be ambassadors of the vision, according to a study done by Birken et al., (2015), while Cavazotte et al., (2012) established that subordinates feel that their

direct line managers must be ambassadors for the vision. Leaders take a long term view and build a shared vision with others, acting as a catalyst for organisational change and influencing others to translate the vision into action (Bernotavicz et al., 2010).

Approximately one-third of the nurses disagreed that their line manager finds ways to make a vivid picture of future success emotionally compelling, and less than half agreed with the statement. Amongst the line managers, almost three-quarter believed that they find ways to make a vivid picture of future success emotionally compelling, while a third neither agreed nor disagreed with the statement. Nursing is a stressful profession as customers can be very demanding and some patients face death. Nurses require a glimmer of hope and inspiration to get them to forge ahead while dealing with mentally and physically tiring activities, thus they need to be told that all their effort is worthwhile. Cathcart et al., (2010) undertook research on nurse leader development, concluding that nurse managers find it difficult to paint a positive picture of the future. Financial pressures, shortages of staff and a heavy workload were the main reasons given for not being able to communicate a positive outlook to subordinates.

Influence involves the ability and motivation to inspire other people through leadership. To be an effective leader, it is necessary to influence other people to support and implement decisions in an organisation. To influence means that the leader uses strategies or tactics and actual behaviour designed to change another person's attitudes, principles, values, and actions (Bimray and Jooste, 2014).

Fewer than half the nurses believed that their line manager displays confidence and integrity when criticised, while almost a third disagreed, yet the majority of line managers agreed that they display confidence and integrity when criticised and only one neither agreed nor disagreed. Employees who believe their leaders do not possess integrity lose trust in their abilities. Leaders are open to criticism regularly but embrace it with confidence; irrespective of the situation they find themselves in, they remain honest, act with integrity and uphold ethical principles. When faced with criticism and situations that challenge their value systems, leaders step back and examine how their emotions are affected. They allow the awareness of self to dictate how the situation should be handled and possess the confidence to accept the

criticism, but provide evidence-based reasons for their decisions. Leaders build up resilience to deal with criticism and accept that this is a part of their role (NHS, 2011).Leaders who are trustworthy produce trust in employees, have credibility in the eyes of employees, keep relationships with employees strong, and treat people fairly and with consistency (ANA, 2013).

Integrity refers to the consistent awareness of the need for the highest standards of practice and professional conduct, including the basic principles of good governance, duty of care and skills, and acting within authorised powers. Research found that leaders who display self-confidence and do what they say they will, even when they are under pressure; earn the trust and respect of subordinates, which leads to greater leadership capability (Gooch, 2012). A leader's success is created when the leader is able to uphold confidence and integrity in the face of challenges. Research conducted by the Voices of the Staff (2010) highlighted the importance of leaders maintaining their composure when under scrutiny. The healthcare respondents in this study mentioned that they have more respect for leaders who are able to display confidence in emotionally charged and difficult situations (Voices of the Staff, 2010). Leaders have personal integrity, they keep their promises to staff and patients, they do what they say they will do, and they act with honesty, transparency and integrity (Yukl, 2013).

Just over half the nurses affirmed that their line manager describes future changes in a way that inspires hope and reassures staff, patients and the public, however almost a third disagreed with this statement. Of the line managers, just over three-quarters confirmed that they agree with this statement, while almost a fifth neither agreed nor disagreed. Corporate healthcare organisations often introduce new policies and new ways of doing things; therefore change has to be communicated optimistically. An essential part of a leader's role is to guide employees through periods of transition, especially because at these times the future appears to be unpredictable. Leaders are role models of the change they want implemented, so that employees can view this change as achievable (NHS, 2011). Effective leaders also inspire and foster team commitment, spirit, pride, and trust; facilitate cooperation; and motivate team members to accomplish group goals (Bernotavicz et al., 2010). Research undertaken on change management at healthcare institutions indicated that neither subordinates nor direct line managers cope well with change.

One of the main reasons for this is that the reasons for change are not communicated optimistically (Moen and Core, 2013).

Almost a third of the nurses disagreed or strongly disagreed that their line manager explains controversial and complex plans in a way that different groups can hear, understand and accept, while just over a half agreed and strongly agreed with the statement. All the line managers agreed with this statement. The nursing environment is diverse, with employees from different cultures, levels of education and socioeconomic standings. Nurse managers have to ensure that communication is tailored to individual needs. Organisations need leaders that are able to build commitment, align employees to the objectives, and set direction in this dynamic environment (CCL, 2011). Directive leaders are confident, decisive, forceful, accomplished, powerful and controlling; they plan strategy and allocate resources accordingly. They are hugely respected for breaking down complex tasks into basic, manageable proportions and excel at critical thinking, motivation, planning and organising. The study done by Bartlett and Ghoshal (2015) found that managing diversity increases competitive advantage as respondents are more likely to continue employment at an organisation that values diversity. Effective leaders are perceptive- they understand that they deal with a diverse group of individuals and that the levels of understanding differ. They ensure that communication remains simple and know whether all team members have a shared understanding of the information (Tourish, 2014).

The category of nurse and years under the current line manager did not influence the perception of leadership competencies across this dimension ($p= 0.062$ and $p=0.325$ respectively).The location of the healthcare institution was found to be an influential variable ($p<0.05$).The nurses from PMB had a more positive perception of leadership competencies across this dimension. For the manager's, the location of the healthcare institution, the years employed as a unit manager, having a tertiary qualification in management and the type of tertiary qualification did not influence leadership perceptions across this dimension ($p>0.05$). However, the response to whether your qualification equips you to be a better leader was found to be an influential variable ($p=0.022$). The use of a nursing leadership model for successful leadership did not influence perceptions of leadership ($p=0.052$).

5.4.6 Dimension 6- Ability to engage the team

More than half of the nurses perceived that their line manager recognises and actively appreciates each person's unique perspectives and experience, while a quarter disagreed. Almost every unit manager positively responded that they recognise and actively appreciate each person's unique perspectives and experience, while a small number neither agreed nor disagreed. There is a distinct difference in opinions, as line managers often get caught up with negative incidents that occur in the care environment and forget to appreciate the ideas and contributions of their subordinates. This leaves employees feeling demotivated as the emphasis is only on the negative rather than any positive outcomes.

Bersin (2015) concluded in his research that recognising employee contributions is the second most important element required for increased engagement levels. Companies that recognise employee contributions by handing out relatively simple and cheap rewards like thank you notes, allocating points on a chart and verbal thank you's achieve higher employment engagement scores than organisations that do not. Companies that have a reward culture from the top to the bottom foster an environment where recognising other's contributions is a natural occurrence (Bersin, 2015).

Leaders must invest in followers, develop them, recognise them and gain their loyalty. Successful leaders provide the necessary tools for employees and allow them to do what they do best. Leaders also make a point of rewarding the big and small achievements (Mortlock, 2011).

Just over half the number of nurses agreed that their line manager listens attentively to their team and values their suggestions, while a quarter disagreed with the statement. Virtually all of the line managers agreed, however, while only one neither agreed nor disagreed with the statement. None of the line managers disagreed with this statement, in contrast to the quarter of employees who did. Often nurse managers feel that they have all the answers to problems and do not consult with others or listen to their input. Blosky and Spegman (2015) verified that listening is a difficult skill to master, as evidenced by their research findings. The majority of nurse managers admitted that it is difficult to listen to all their subordinates all of the time.

Listening is a difficult skill to master as it requires patience and time, however effective leaders have a firm grip on this skill; they take the time to not only listen to the viewpoints of others, but also make an effort to utilise the viewpoints that add value to the performance of the organisation. Leaders create an environment where employees feel comfortable sharing their thoughts and suggestions without fear of reprisal. They realise that people want to contribute and thrive in an environment where this is embraced (NHS, 2011). Effective leaders listen well, take ideas that differ from their own seriously, listen to employees both when things are going well and when they are not, and involve others before developing a plan of action (ANA, 2013).

While a quarter of the nurses disagreed that their line manager asks for contributions from their team to raise their engagement, just over half agreed that this was happening. A total of 32/33 line managers also agreed that they ask for contributions from their team to raise their engagement, while only one neither agreed nor disagreed. The line managers thus have a far more positive perception of this statement.

The majority of the respondents who participated in Blosky and Spegman's (2015) research agreed that they expect their leaders to discuss problems with them and include them in decision making. Trustworthiness and accountability displayed by leaders and team members lead directly to a healthy work environment. Environments where communication is clear, people are treated respectfully and staff are able to ask questions promote quality patient care and professional development.

Effective leaders acknowledge that successful organisations benefit from employees' contributions to plans that will achieve organisational goals; therefore they develop an environment where employees are provided with opportunities to offer ideas, suggestions and feedback. According to the NHS (2011), the best made decisions in healthcare are based on inputs from employees.

Strong leaders use the leadership style of participation to ensure that employees are able to offer their contributions to influence decision making. Participative managers ensure that employees are included in decision making and inspire them to offer

ideas, knowledge and information that can be used to improve the organisation. A study conducted by the CCL (2011) revealed that the majority of respondents wanted to be empowered to contribute to the organisation, but felt that senior management did not give them the opportunity to do so, leaving them feeling disengaged. Recognising employees for their work and assisting them in career progression are competencies that leaders must possess (Ulrich, 2015).

Almost half of the nurses agreed that their line manager enables their team to feed off each other's ideas, even if there is a risk that the ideas may not work, while a quarter disagreed that this is so. A large proportion of the line managers responded positively that they enable the team to feed off each other's ideas, even if there is a risk that the ideas may not work, while four neither agreed nor disagreed and only one disagreed. In research conducted by Dwyer (2011), the majority of nurses agreed that teamwork is instrumental in providing optimal patient care and that nurse leaders need to drive team work. Effective leaders should consider the points of view of all team members before making decisions. This is an important aspect, especially for leaders in healthcare where decision making is a multi-disciplinary team effort that centres on patient/client care and showing empathy in different situations (Bimray and Jooste, 2014).Leaders create open channels of communication and get the team involved by allowing the sharing of ideas (Bernatowitz et al., 2015).

Almost half the nurses perceived their line manager as encouraging team members to get to know each other's pressures and priorities so that they can cooperate to provide seamless service, while a quarter did not share these perceptions. Of the line managers, the majority agreed while five neither agreed nor disagreed with the statement. Nurses encounter patients first hand and are held responsible for all facets of the care that is delivered in a hospital setting, therefore the other services need to come together to deliver holistic care for the patient and understand the consequences of their failure to deliver. The registered nurses who participated in Larrabee et al.,'s (2010) research on the influence of stress on job satisfaction felt it easier to deal with stress when they shared their stressors and experiences with the other members of the team.

Just over half the nurses believed that their line manager offers support and resources to other teams in the organisation, while a quarter disagreed that this

happens. Again, the majority of the line managers positively responded, while a small percentage neither agreed nor disagreed with the statement. This competency was positively rated overall, as there is often a tendency to borrow and share resources between nursing departments. Nurse managers also forge close bonds with like-minded managers and tend to lend support to each other. Leaders are sharing by nature and understand the importance of developing networks; they partner with customers, stakeholders and colleagues to provide an exemplary service. They also have a deep understanding of financial affairs; therefore they do not work in isolation but in synergy with other departments. Sharing of resources across teams leads to the building of a healthy organisation where teams support each other. Collectively, the entire organisation is working toward a common goal (NHS, 2011). Research conducted by Barnabas and Clifford(2012) found that servant leaders have a higher affinity to sharing resources and offering support to teams outside their domains as opposed to the other types of leaders.

While just over a quarter of nurses believed that their line manager does not ask for feedback from their team on things that are working well and things that couldbe improved, just over half said that they do engage in this behaviour. On the contrary, all the line managers believed that they ask for feedback from their team on things that are working well and things they could improve.

Feedback can be used to elicit important information from employees, which can be used to keep employees fixed on the goals and to evaluate the performance toward goal attainment. Innovative and creative ideas often stem from feedback, which also encourages innovation and makes employees feel valued. This in turn increases job satisfaction (Adair, 2015). Asking subordinates for feedback on the things they are directly involved in was one of the competencies that participants in the survey felt should be included in a leadership competency model (Mortlock, 2011). Successful leaders are open and willing to recognise that they do not have answers for every problem and seek others' advice.

Fewer than half the nurses were of the opinion that their line manager shapes future plans with their team, while a third believed the contrary. Just over three-quarters of the line managers were of the opinion that they shape future plans with their team, while the remaining quarter neither agreed nor disagreed.

Bersin (2015) asked participants to rate their organisations in terms of being involved with future plans and goals, finding that the majority of respondents were not included in these plans, resulting in lower engagement levels. When a leader has high levels of engagement with the organisation, they feel strongly about their responsibilities and performance and engage with employees on a positive level, sharing future plans with employees in a way that inspires hope. Sharing of experiences creates an environment where staff positively anticipates what the future holds (Bersin, 2015). Leaders who ignore their engagement responsibility sub-optimise talent, business investments and outcomes, and keep employees in the dark as to where they are heading. However, leaders who seize the opportunity to engage themselves, engage others, and holistically drive a culture of brand, reputation, performance and engagement will help lead their teams and organisations to growth and better business outcomes (Aon Hewitt, 2014).

Just over half the nurses agreed that their line manager encourages their team to identify problems and solve them, while a quarter did not. All the managers responded positively that they encourage their teams to identify problems and solve them. There is a discrepancy in the responses between line managers and employees, however the nursing environment is dynamic and it is impossible for the line manager to identify all the problem areas. Effective leaders thus get the team involved in identifying problem areas, as they are on the ground doing the work. Clearly communicating the team's purpose and expected outcomes provides tools to assist a team with effective functioning, models cooperation and mutual support, and rallies others around shared goals (Dickson, 2012).

Research exploring communication and teamwork found that leadership effectiveness is enhanced by managers who encourage team members to identify areas that require improvement, rather than relying solely on clinical statistics (Fairhurst and Connaughton, 2014).All the respondents in Blosky and Spegman's (2015) research agreed that teamwork promotes a healthy work environment and that the leader is instrumental in building teamwork.

More of the nurses were of the opinion that the line manager stretches their team so that they deliver the best value they can, but just over a quarter of the respondents thought otherwise. Nearly all of the line managers believed this to be true; however,

five neither agreed nor disagreed. Nursing is a highly pressurised environment where everyone plays an essential role in meeting the organisation's goals and objectives; therefore each member needs to be stretched to deliver optimally. Nurse managers tend to stretch those individuals who show potential and allow the rest to tag along leaving people feeling underutilised and useless, believing that they do not play an important role in the organisation. These were some of the findings from Falter's (2012) research on clinical nurse leadership. Competent leaders delegate activities according to employees' abilities as well as according to their potential. They further provide mentorship, play an instrumental role in people development, provide ongoing support to individuals to reach their potential, and provide feedback that is used to stimulate and encourage staff (ANA, 2013).Leaders who stretch the team are achievement orientated and want to surpass a standard of excellence. This in turn motivates subordinates to do the same, as per research conducted by MacPhee, Skelton-Green, Bouthillette and Suryaprakash (2012).

While just under half of the nurses felt that their line manager creates a common purpose to unite their team and enables them to work seamlessly together to deliver the service, a third disagreed. Almost all of the line managers responded positively, however, while three neither agreed nor disagreed with the statement. The line managers thus have a more positive perception of this competency. Boateng (2012) used a qualitative approach to determine how a healthy working environment can be created and sustained. The majority of nurses agreed that the team is united by common goals which are clearly communicated by the manager. Leaders are essential in building effective teams and ensuring that communication is optimised. Successful leaders recognise that in order to perform effectively, everyone in the organisation must be clear on their roles, functions and responsibilities. This will ensure that goals are achieved and that the team spirit is enhanced. Insightful leaders make clear what is required from each employee and choose the right person for the right task (NHS, 2011).Organisations where employees feel there is a common purpose shared by all employees and a clear sense of what they need to achieve have a greater profitability than their counterparts (Bersin, 2015).

The category of nurse and the location of the healthcare institution were found to be influential of leadership competencies in this dimension ($p=0.036$ and $p<0.05$ respectively). The years working under the current unit manager did not influence

leadership perceptions across this dimension (p=0.31). For managers, the location of the healthcare institution, years as unit manager, having a tertiary qualification in management and the type of tertiary qualification were not influential variables (p>0.05). The response to qualification equipping you to be a better leader and the use of a nursing leadership model for successful leadership were not influential variables (p>0.05).

5.4.7 Dimension 7- Ability to maintain accountability

The majority of the nurses agreed that their line manager takes personal responsibility for their own performance, while a quarter disagreed with this statement. All of the line managers responded positively that they take personal responsibility for their own performance. Taking responsibility for one's own performance is an act of transparency, and a transparent leader is never afraid to admit that he/she has faltered or should have done things differently. Efficient leaders evaluate their own progress towards goals and maintain accountability for their performance. Similarly, they hold others liable for their performance. Complex situations do not deter leaders from actively taking steps to improve outcomes, and they take personal responsibility for their actions and outcomes (NHS, 2011). A study undertaken by Cavazotte et al., (2012) revealed that managers who are accountable for their actions perform better in their key performance indicators, as opposed to those managers who blame others for their failures. A study conducted by the CCL (2011) found that emotionally intelligent leaders are aware of their strengths, developmental areas and the effect of their behaviour on others, thus managers who take responsibility for their own performance display emotional intelligence. Self-awareness is directly linked to leadership effectiveness and the ability of the leader to assume responsibility for their performance and actions.

While just over half of the nurses agreed that their line manager specifies and prioritises what is expected of individuals and the team, a quarter disagreed that this is the case. A remarkable majority of the line managers agreed that they specify and prioritise what is expected of individuals and the team, however, while only one neither agreed nor disagreed. Employees deliver the service if they are aware of what is expected of them (Wong, 2013), which is why line managers need to examine this component of competency to get a better understanding of why their perceptions differ from their subordinates. Weber (2010) reported that

transformational leaders take the greatest care to inform employees of what is expected of them, and this leadership style is directly related to staff retention. Effective leaders check their employees' understanding of expectations and do not just assume that everyone understands things in the same way (Miller, 2012).Effective leaders articulate the vision, communicate meaningful goals and ensure that the right people are in the right roles, drawing on the strengths of team members (AANAC, 2014).

Over half of the nurses believed that their line manager makes tasks meaningful and links them to the organisational goals, while a quarter disagreed that this is the case. A majority of the line managers responded positively that they make tasks meaningful and link them to organisational goals, while only two neither agreed nor disagreed. If employees understand the reasons for performing certain tasks rather than merely being instructed to perform them, they are more likely to perform them successfully; tasks that are meaningful to employees take priority over tasks that are seen as time wasters. Leaders ensure patient safety by ensuring that tasks are clear and employees understand what is expected of them, and organisational goals that are linked to the work that is performed have a greater chance of being achieved (Tyczkowski et al., 2015).A study conducted by Sadeghi and Pihie (2012) revealed that leaders who add meaning to work and link the outputs to goals influence subordinates to adopt the vision and values of the organisation.

The majority of nurses agreed that their line manager makes sure that individual and team goals are specific, measurable, accurate, time bound and realistic, while a quarter disagreed. By contrast, nearly all of the line managers agreed with the statement, while only two neither agreed nor disagreed with the statement. Successful leaders regularly conduct an evaluation of what has been achieved by setting goals that can be measured so that every team member is answerable for their performance. Measurable and time bound goals make goals more achievable and provide team members with guidance on how and what to achieve (NHS, 2011).Successful leaders are outcomes driven; therefore they make every effort to ensure that employees are aware of what needs to be achieved. Setting measurable, specific and realistic goals informs employees of what outcomes need to be achieved and the timeframe within which they should be achieved. Time spent on setting effective goals is time well spent, and measurable goals also assist with

resource allocation and set the focus on outcomes (Voices of the Staff, 2010). In order to reach the goals/objectives set, leaders will need to identify and outline them clearly.

Schaffer (2010) researched the impact of goal setting for employees and found that firstly, managers do not set out clear expectations in the face of change or when new goals are formulated, i.e. plans and specific responsibilities are not communicated to all parties involved, therefore subordinates do not know where their accountability lies. Secondly, subordinates are excluded from the overall goals and are left pursuing what they think the goals are. Thirdly, managers utilise “experts” from the outside to provide guidance on goal setting, but these consultants do not deliver on setting measurable goals.

While just over half of the nurses perceived that the line manager sets clear standards for behaviour as well as for achieving tasks, a quarter believed that they do not engage in this competency. In contrast, a large majority of the line managers responded positively that they set clear standards for behaviour as well as for achieving tasks, while only two neither agreed nor disagreed with the statement. The respondents feel that standards for behaviour are not clear if they do not receive communication to this effect, either in a verbal or written form. When employees are absent from work, they may miss vital communication about new policies, procedures and happenings. According to research conducted by Hannah and Avolio (2011), subordinates who perceive the standards to be clear found goals easier to achieve as opposed to those who felt otherwise. Adair (2015) believed that people in organisations and teams need to have this distilled into an objective which is clear, concrete, time-limited, realistic, challenging and capable of evaluation. Hassan and Ahmed (2011) found that authentic leaders pride themselves on setting clear standards for behaviour, which in turn increases employee trust and work engagement.

More than half of the nurses perceived that their line manager gives balanced feedback and support to improve performance, while a quarter disagreed with the statement. Nearly every line manager agreed that they give balanced feedback and support to improve performance, while only one neither agreed nor disagreed. Performance appraisals are conducted biannually and often the line manager uses

this as the only opportunity to provide feedback and support. Employees should know at all times how they are performing, by means of continuous feedback. Mortlock (2011) noted that feedback can be formal or informal, but it must be regular. Criticism must be also constructive, as employees want to know where they stand in the company. Feedback should be geared to assist employees to achieve their objectives (Mortlock, 2011).Many managers are uncomfortable with the process of providing feedback to staff, but need to realise that this is a responsibility that they cannot shy away from. Feedback must concentrate on the positive aspects followed by the negative aspects, and should be a daily occurrence. Miller's (2012) research found that employees who were given continuous feedback reported higher levels of job satisfaction and better work performance.

More than half the nurses felt that their line manager acts quickly to manage poor performance, while just over a quarter noted otherwise. Just over three-quarters of the line managers positively responded that they act quickly to manage poor performance, while the remaining six neither agreed nor disagreed with the statement. Due to time constraints, interaction with the night staff is postponed to a more opportune time, but this time may not materialise and employees who are problematic need to be confronted as soon as possible. Successful leaders are able to separate loyalty from incompetence and manage staff accordingly. They are quick to handle employee issues and record all interventions to ensure that discipline can be followed up (CCL, 2011). They act effectively to deal with poor performance and proactively address aggressive, inappropriate and unacceptable behaviours displayed by staff or patients/carers (West, Dawson, Admasachew and Topakas, 2011).

Good leaders engage in difficult conversations with employees who do not meet expectations, stay consistently calm, have private difficult conversations with staff, and are thoughtful in that they are careful not to embarrass employees and give and seek feedback from them. They also give constructive feedback and accept the same in return (Maxwell, 2015).

Munir, Nielsen, Garde, Albertsen and Carneiro (2012) concluded in their research that a transformational leader is more successful at managing poor performance

than the other types of leaders. Organisations that manage subordinates early report better clinical indicators than those that delay the management of poor performance.

Fewer than half of the nurses were of the opinion that their line manager constantly looks out for opportunities to celebrate and reward high standards, while more than a third believe otherwise. Just over three-quarter of line managers agree that they constantly look out for opportunities to celebrate and reward high standards, while six neither agreed nor disagreed with the statement. Line managers are often so preoccupied with achieving goals and getting things right that they overlook the important aspect of rewarding achievements. Effective leaders recognise and rewards individuals who demonstrate a service mind-set (Dickson, 2012).

Leaders do things differently and applaud staff who think creatively, acting as motivators and forces of encouragement (West et al., 2011). For leaders, achieving success is seen as moments that need to be celebrated (Adair, 2015). Different factors motivate employees but monetary gain still appears to be the main motivating factor (Anitha, 2014), thus managers need to ensure that their employees 'financial packages are as fair as possible.

Half of the nurses agreed that their line manager actively links feedback to the organisation's overall vision for success, while almost a third disagreed that this is happening. A far larger number of the line managers were of the opinion that they actively link feedback to the overall vision for success; while four neither agreed nor disagreed with this statement. Leaders must thus take the time to provide feedback in a meaningful way and continuously strive to link it to the vision of the organisation. This will ensure that each individual internalises the feedback and applies it to their everyday work (Shilpa and Jain, 2013). Turnbull James (2011) maintained that leadership is continuous and that leaders in healthcare hold everyone accountable for their contributions to clinical outcomes. Effective leaders provide regular feedback to employees to keep them updated on what the organisation has achieved and where it is heading. Bersin (2015) reported that leaders can increase employee engagement levels by communicating future plans with staff, bringing meaning to the vision and strategy, and inspiring ownership of goals.

Only half of the nurses agreed that the line manager notices and challenges mediocrity, encouraging their team to stop coasting and stretch themselves for the

best results they can attain. A larger percentage of the line managers agreed with this statement however, with four neither agreeing nor disagreeing and one disagreeing that this is the case.

Strategic leaders drive employees to discover new information; they instil a sense of curiosity which moves employees to search out new information, processes and techniques, and they nurture in their staff a desire to keep updated with the profession (NCHL, 2010). Everyday nursing can become monotonous and routine, especially as certain tasks are repetitive. An intuitive leader is able to spot individuals who are bored and merely coasting along and provide them with tasks that challenge them. Research by AANAC (2010) concluded that challenging tasks given to employees improves their productivity and levels of motivation, while also providing employees with a chance to be creative and achieve more than they initially sought to do.

While just over half of the nurses believed that their line manager encourages a climate of high expectations in which everyone looks for ways for service delivery to be even better, just over a quarter believed that this is not the case. By contrast, almost all of the line managers responded positively, and only two neither agreed nor disagreed that this is the case. Competent leaders set high expectations for service and performance, clearly communicating performance expectations, standards and measures, continually monitoring performance, and providing authentic feedback related to performance (Dixon, 2012). True leaders are hungry for wisdom, expect the best from employees, accept responsibility for outcomes, are courageous in decision making, and put employees first (Spears, 2010). Leaders with character expect and demand the best from employees; their positive attitude creates a positive environment where teams strive for excellence (Yukl, 2011; Kings Fund, 2011).

While a third disagreed that their line manager shares stories and symbols of success that create pride in achievement, the majority of respondents felt otherwise. Just over three-quarters of the line managers believed that they share stories and symbols of success that create pride in achievement, while five neither agreed nor disagreed and three disagreed that this is the case. Stories are often overlooked but hold great meaning, especially when based on someone's experience; alot can be

learned from stories as they can help deal with a current situation. Leaders who share stories help build the culture of the organisation, as sharing stories and symbols is a useful way of sharing organisational achievements and creating pride in employees. Stories can be used to simplify complex ideas and convey both information and emotion; they cling to the memory and the likelihood of them being repeated is increased. The benefits of communicating by way of stories are that it solidifies information, assists in conflict resolution, and helps with finding solutions to issues. Stories convey norms and values, communicate commitments to oneself and others, share tacit knowledge, facilitate unlearning and generate emotional connections (Sole and Wilson, n.d.).

Fewer than half of the nurses felt that their line manager champions a mindset of high ambition for the staff, the team and the organisation, whereas a third disagreed with this statement. On the contrary, the vast majority of the line managers responded positively to this statement, while 9% neither agreed nor disagreed.

Tims et al., (2011) shared the view that dynamic leaders create an environment where employees are driven to achieve. These employees spend their time and efforts improving the standards of nursing care, continuously looking for improved ways to deliver care. This challenges and stimulates them, providing developmental opportunities far removed from mundane work activities. Participants included in the research agreed that when their leader is ambitious and optimistic, they also tend to adopt their attitude and pursue organisational goals. However, a proportion of respondents reported that over enthusiastic leaders lose touch with reality, resulting in the setting of unrealistic goals.

The category of nurse and the location of the healthcare institution influenced the perceptions of leadership competencies across this dimension ($p=0.029$ and 0.001 respectively). The number of years that subordinates are working with the current unit manager did not influence leadership perceptions across this dimension ($p=0.302$). For managers, the location of the healthcare institution, the years employed as a unit manager and having a tertiary management qualification were not influential variable ($p> 0.005$).

5.4.8 Dimension 8- Developing capability

More of the nurses positively responded that their line manager often looks for opportunities to develop him/herself and learn things outside his/her comfort zone, while a fifth disagreed with the statement. A larger percentage of line managers positively responded that they often look for opportunities to develop themselves and learn things outside their comfort zone, while three neither agreed nor disagreed with the statement. Effective leaders are always looking for opportunities to develop themselves both professionally and personally. Mistakes are not frowned upon, but rather looked as opportunities for development. Feedback from subordinates is used positively as a means to bring about improvement and develop areas that need improvement, and challenging situations are also used as opportunities for learning and development (NHS, 2011).

Effective leaders actively increase skill and knowledge (Dickson, 2012)and concentrate on developing the self. This involves being aware of their areas of strengths and the areas that require some form of development, acknowledging how their behaviour affects others, and spending time reflecting on their emotions and leadership styles (NCHL, 2010). Competent leaders prioritise the development of self, find opportunities that allow them to expand on knowledge, make new knowledge real by applying it to real situations, learn from others' ideas and suggestions, and distribute knowledge to others (Voices of the Staff, 2010). Leaders who engage in self-reflection are able to improve their own performance by developing leadership competencies that they view as being deficit. Research conducted by Allen et al., (2012) found that leaders who take the initiative to develop their leadership ability and learn outside of their boundaries feel more confident to lead others. Sharma and Jain (2013) also deduced that leaders who look for opportunities to improve themselves and their performance are self-aware, and that emotional intelligence is a prerequisite for successful leadership.

More of the nurses agreed that their line manager understands the importance and impact of people development, while a quarter disagreed that this happened. Nearly all of the line managers agreed that they understand the importance and impact of people development, while a small percentage neither agreed nor disagreed with the statement. According to a study conducted by the CCL (2011), healthcare leaders who have identified gaps in employee development areas have a broad functional

orientation and self-awareness. Gaps in development should be handled by a combination of training, mentoring, coaching, one-on-one feedback and succession planning.

Research conducted on employee engagement revealed that employees rate the presence of development opportunities, training and succession planning as the most important factors for higher engagement levels (Dromey, 2014) , while research by Bersin (2015) found that age influences employees' perceptions of the factors that enhance engagement. The under 25 age group consider the opportunity to develop professionally as the most important engagement driver, while employees up to age 35 rated this as the second most important engagement driver. As employees get older, their focus on development shifts away from mobility and upward progression in favour of aligning a job with long term career goals (Bersin, 2015). A leader's greatest success lies in the ability to train and develop other employees into leaders, as this strategy allows the organisation to maintain a competitive edge over others in the industry (Maxwell, 2015).

More than half of the nurses believed that their line manager builds people development into his/her planning for their team, while almost a quarter disagreed. Nearly all of the line managers responded positively, however, a small percentage neither agreed nor disagreed with the statement. The performance development planning (PDP) tool for employees from this private healthcare group has a section that the line manager fills in addressing the developmental needs of the employees. The employees then embark on specified training courses that address these needs. An assumption can be made that the line manager may not be filling in this section of the PDP appropriately as it is a time consuming process.

Effective leaders utilise the ability of employees successfully and guide and direct staff toward achieving goals, building development into performance reviews and ensuring that employees are target driven (NHS, 2013). They also promote the continuous development of the knowledge, skills and abilities of staff in order to improve quality of patient care, safety, compassion and the patient experience (West et al., 2011).

Effective leaders create challenging roles, responsibilities, and developmental assignments that leverage and grow the talents of others (Voices of the Staff, 2010). A significant amount of time must be spent on individual employees who are identified for succession planning. People development, performance development and succession planning are key competencies that an effective leader possesses (Ulrich, 2015).

More of the nurses perceived that their line manager explores and understands their strengths and development needs, while a quarter of the respondents disagreed with this. All the line managers positively responded that they explore and understand staff member's strengths and development needs, however. The PDP tool addresses the areas of strengths and development and the line manager has to record appropriately in this section. The PDP is done individually and is a time consuming process, thus it can be assumed that due to time constraints it may be done too quickly, not allowing the manager and employees time to explore strengths and developmental areas. This may be more problematic where the night shift nurses are concerned, due to severe time constraints.

Leadership competencies include providing opportunities for learning and growth (Dickson, 2012). A study conducted by Bernotavicz and Dickinson (2010) revealed that leaders who take the time and effort to develop others, supply feedback on a regular basis, create developmental opportunities, coach, mentor and are flexible to each individual's needs, have decreased employee turnover rates. Effective leaders assess performance throughout the year, have regular meetings with staff to discuss performance, and do not depend on yearly performance appraisals to review performance (Ulrich, 2015).

While a quarter of the nurses disagreed that their line manager provides development opportunities for their team through experience and formal training, just over half stated that this is being done, while the majority of line managers claimed that they do provide development opportunities for their teams through experience and formal training. Again, the PDP makes provision for formal training courses as identified in the performance appraisal, and the company under study provides ample formal continuous professional development courses for all employees. This could account for the majority of participants agreeing with this statement. An

assumption can be made that the employees may not understand the PDP or that this aspect of the PDP is done poorly due to time constraints. Bersin (2015), in his research on employee engagement, found that organisations that have a culture of continuous development have higher employment engagement scores. Further, companies that spend money on training and development rate the highest in employee retention, innovation, and customer service, and outperform their peers threefold in long term profitability (Bersin, 2015). There is also a link between healthcare organisations that invest money into training and developing and the patient safely outcomes at these organisations (Squires, Tourangeau and Laschinger, 2010).

More than half of the nurses believed that their managers look for and provide regular, positive, developmental feedback for their team to help them focus on the right areas to develop professionally, but just over a quarter responded negatively to the statement. By contrast, almost all of the line managers positively responded to the statement, while only two neither agreed nor disagreed. Bersin (2015) concluded that institutions that focus on training and development have a much greater likelihood of producing innovative ways of doing things, display a higher productivity level, and are likely to be the first to place their products on the market.

The majority of nurses believed that their line manager explores their and their team's career aspirations and shape development activities to support them, while just over a quarter disagreed that this is the case. Almost double the amount of line managers than nurses agreed with the statement, while a small number disagreed.

Development is not only about formal training, and should include informal, on-the-job training. Candidates for succession planning must be identified and groomed for further development, and the organisational culture should be one that motivates a culture of learning and is supportive and flexible to learning (Bersin, 2015). Bernatowitz and Dickinson (2010) established that staff development must include exploration of the career paths employees want to take. The majority of respondents in this study agreed that their managers do not take the time to pursue their career aspirations with them, yet training and developing employees creates assets for the organisation.

Mature leaders develop talent; those that do not engage in leadership training are egotistical, self-centred and afraid to lose power and status. Leaders identify employees with integrity, problem solving skills, vision, communication, creativity, passion, teamwork, servant-hood, attitude, confidence and self-discipline to mentor as future leaders (Maxwell, 2015).

Almost one half of the nurses believed that their line manager provides long term mentoring or coaching, while a third of respondents believed otherwise. A large proportion of line managers believed that they provide long term mentoring or coaching, while a small number neither agreed nor disagreed with this statement. Due to the nature of shift work in nursing, the night staff misses out on coaching opportunities as all developmental opportunities and courses take place during the day. Research undertaken by the CCL (2011) concluded that the majority of participants in their study benefitted from training and the development of the various interpersonal and leadership skills that are necessary to create direction, alignment and commitment within the organisation. The skills that were identified as being important are coaching, mentoring, accurate delegation, change management and intelligent recruitment and selection. Leaders provide opportunities where staff are challenged but develop from these challenges (CCL, 2011). The power of coaching also cannot be underestimated; Bersin (2015) indicated in his research that coaching is the second largest management driver of engagement. Companies with a strong focus on coaching have produced higher performance, employee engagement and retention rates.

Just fewer than half the number of nurses perceived that their line manager spots high-potential individuals in their team and focuses development efforts to build on or deal with the situation, while a third disagreed that this happens. Nearly every line manager positively responded that they spot high-potential individuals in their team and focus development efforts to build on or deal with the situation, while 9% neither agreed nor disagreed with this statement. High-potential individuals on night duty are often overlooked for developmental opportunities which may have contributed to the negative subordinate response rate.

The entrepreneurial leader possesses the desire to enervate and support top performers by taking personal interest to coach and mentor them (Caldwell, 2012). In

research conducted by Bulmer (2013), the majority of registered nurses felt that direct line managers do not use the correct criteria to choose high achieving individuals in the team. This creates a lack of trust in the manager, leading to increased staff turnover rates. Strategic leadership develops leadership in others through coaching, mentoring, and rewarding and guiding employees, and develops successors and talent pools for key positions (Voices of the Staff, 2010).

Half of the nurses agreed that the line manager creates the conditions in which their team takes responsibility for their development and learn from each other, while a third disagreed with the statement. A larger proportion of line managers believed that they create the conditions in which their team takes responsibility for their development and learns from each other, while only four neither agreed nor disagreed with the statement.

In their research on training and development in human services, Brittain and Bernotavicz (2014) found that effective leaders not only provided developmental opportunities for subordinates, but they allowed subordinates to take ownership of their development plans. Sadeghi and Pihie (2012) found that transformational leaders are able to create environments where staff become responsible for their learning and development. They do this by displaying intellectual stimulation and individualised consideration behaviours which motivates followers to be creative and innovative and think about old organisational problems with a new perspective.

The category of nurse did not influence their perception of the line manager's leadership competencies across this dimension ($p=0.082$). The location of the healthcare institution and the number of years working under the current line manager influenced the leadership perceptions across this dimension ($p<0.05$). For managers, the location of the healthcare institutions and the number of years employed as a unit manager did not influence leadership competencies across this dimension ($p=0.136$ and $p=0.974$) respectively. Having a tertiary qualification in management, the type of qualification and the use of a leadership model were not influential variables ($p>0.05$).

5.4.9Dimension 9- Influencing for results

The majority of nurses affirmed that their line manager is respectful in all circumstances, but a quarter of respondents reacted differently to this statement. All

of the line managers commented that they remain respectful under all circumstances. The pressures inherent in the world of nursing, especially those facing nurse managers, make it difficult for them to remain composed in all situations. Through all the challenges and diversity, nurse managers maintain a high level of respect for employees, which is demonstrated by a manager who takes the time to learn about the different cultures, perceives diversity as an opportunity to gain knowledge, and acts to put things right when they notice that people are being discriminated against (Bernotavicz et al., 2010).

In research undertaken by Shirey (2015) on leadership behaviours, it was found that leaders who respect employees also listen to their points of view and opinions. This leads to employees feeling safer and more satisfied with their jobs. Leaders create relationships with employees, and once they develop a sense of mutual trust, respect and caring, they will work toward organisational goals (Shirey, 2015). Excellent leaders display authenticity in that they are natural, honest and open. They are able to reflect on their deepest thoughts, feelings and intuition, and they are trustworthy in that they gain the trust of followers even when they are facing an uphill battle. Employees feel safe when they are able to trust their leader, as they feel that their hard work will pay dividends (Ham, 2013).

While just over a quarter of nurses disagreed that their line manager listens to different views, almost half the participants agreed that this was so. All the line managers responded positively that they listen to different views. In a study on collective leadership, West et al., (2014) concluded that subordinates who feel that their ideas and opinions are considered display higher levels of job satisfaction. The art of listening includes encouraging employees to firstly speak about their concerns and then to offer support by actively listening to what they have to say (West et al., 2011). Managers are often quick to talk but slow to listen, yet effective managers realise that listening enhances communication and builds relationships. Hearing what someone says is inadequate; one needs to carefully consider what someone else is saying and respond appropriately (Adair, 2015). Leaders who fail to consider what others say are perceived as overbearing and unapproachable, which contributes to employee turnover (Miller, 2012). Effective leaders create an environment where team members are not afraid to ask difficult questions or discuss their honest opinions (Ham, 2013).

The majority of nurses believed that the line manager shares issues and information to help the team understand his/her thinking, while a quarter believed that this is not the case. All the line managers stated that they share issues and information to help the team understand his/her thinking. Often the issues are predominantly shared with the staff the line manager has the most interaction with, namely the day shift nurses. Leaders, who share issues with the team ensure that everyone has a shared understanding, provide accurate feedback, reward and acknowledge work that is well done, and are considerate and effective. These leaders share information on errors, incidents, adverse events and complaints so that the team are aware of the problem areas but can also take positive steps to learn from them (West et al., 2011).

Good leaders are not office bound; they meet, listen, provide information and give people the context in which they operate in order to bring about a shared understanding (Adair,2015). Leaders who make sure that staff are kept abreast of happenings have been described as open, honest and transparent by subordinates. They communicate clearly and regularly, are positive and encourage employees to view things optimistically, and are directly related to higher employee engagement (Edmonstone, 2011). Effective leaders encourage staff to speak out about their issues; involve staff in decision making; and are supportive, available, fair, respectful and compassionate. They make sure that the two way communication lines are open and that staff understand at all times what is expected of them. They insist on transparency in the face of negative and adverse events (West et al., 2014).

More than half of the nurses agreed that their line manager develops and presents well-reasoned arguments, while a quarter responded negatively to the statement. A majority of line managers responded positively that they develop and present well-reasoned arguments however, while just a very small percentage neither agreed nor disagreed with the statement. In the nursing profession, well-reasoned arguments are usually needed for motivating for staffing positions or capital expenditure. The subordinates are not included in this process, as it deals with higher levels of management. Nurse leaders, who possess, at a minimum, a degree in management, exhibit a greater ability to strategically analyse different situations (Blegen et al., 2013). Leaders organise work, set priorities, and determine resource requirements. They motivate for resources that are deemed necessary to achieve goals by

understanding the needs of the business and the service they are meant to provide (Brady Germain and Cummings, 2010).

More than half of the nurses felt that their line manager avoids jargon and expresses him/herself clearly, while just over a quarter stated differently. Almost every line manager agreed that they avoid jargon and express themselves clearly, while a small minority neither agreed nor disagreed with the statement. In a diverse workplace, line managers need to be considerate of the fact that English is not the first language of many employees and need to make extra effort to ensure that communication is simple and clear. Chase (2010) found that subordinates rated clear communication as one of the top three competencies a leader should possess. Engaging managers make things clear, appreciate employees' efforts, treat people with respect, and ensure that the work is organised in such a way that employees feel appreciated. In a study conducted by Dromey (2014), managers who were clear in what they said were perceived to empower their staff, which led to increased employee engagement.

More than half of the nurses perceived that the line manager adapts his/her communication to the needs and concerns of their team, while just over a quarter felt otherwise. Nearly every line manager responded positively that they adapt their communication to the needs and concerns of the team, while a small minority neither agreed nor disagreed with the statement. Effective leaders ensure that communication is tailored to individual needs so that a common understanding is achieved, as they do not take for granted that everyone understands at the same level. They check for understanding in a non-threatening way, listen attentively to what is being said, distribute information on issues, plan presentations taking educational levels into consideration, and make expectations clear (Voices of the Staff, 2010).

In a study conducted by Blosky and Spegman (2015), it was established that leaders who take the time to understand how to communicate with a diverse workforce on an individual basis achieved organisational goals in a shorter period of time, and team spirit was enhanced. To deliver on safe, high quality healthcare, teamwork and collaboration is a necessary prerequisite (West, 2012). Teams that have clear

objectives, interdependent functions and regular meetings provide safer, higher quality care (Kings Fund, 2011).

Almost half of the nurses agreed that their line manager uses stories, symbols and other memorable approaches to increase his/her impact, while a third disagreed with this statement. Stories can be used to convey tacit knowledge and have the advantage of allowing listeners to relive an experience. The receiver of the communication is able to understand the essential aspects of the event in a systematic way that enhances the message that is being delivered. Sole and Wilson (n.d.) deduced in their study that although stories are valuable for transmitting the norms and desired behaviour, this can be negated by leadership that does not live up to this. Leaders encourage direct and open discussions about important issues, write clearly and concisely, and convey ideas through lively examples and images (ANA, 2013). This statement was not a part of the unit manager's questionnaire.

Half of the nurses agreed that their line manager checks that others in the team have understood him/her, while a third felt differently about this statement. All of the line managers responded positively that they check that others in the team have understood him/her. In environments where there is a diversity of languages, it is imperative that communication is assessed to ensure that everyone has the same understanding. It is inadequate to simply communicate work activities; a leader needs to take steps to clarify team members' understanding of the communication. Once the team has a shared understanding, the achievement of goals becomes a reality. Criteria that will ensure successful communication must be outlined to both leaders and employees (Adair, 2015).

According to Blosky and Spegman (2015), although individual communication is important, there has been a recent shift toward team communication. Communication is a huge part of the team leadership model proposed in the study by Blosky and Spegman (2015). Leaders identify the organisation's aims and purposes and then get their employees on the path to achieving this. Leaders develop a strategy that is simple, flexible and easily understood by all, and which fits into the vision, values and purpose of the organisation (Adair, 2010). Blosky and Spegman (2015) were of the opinion that poor communication between healthcare personnel has compounded the decline in job satisfaction in the nursing sector.

Almost half of the nurses believed that their line manager creates formal and informal two-way communication channels so he/she can be more persuasive, while a third believed that that this is not happening. Nearly all of the line managers agreed that they create formal and informal two-way communication channels so he/she can be more persuasive, while only one neither agreed nor disagreed with the statement. Miller (2012) found that subordinates perceive that a leader's communication skills are most effective when conversations are informal, face-to-face or in groups, as opposed to formal presentations. Effective leaders use these occasions to connect with people. Kourkota and Papathanassiou (2011) reiterated that communication is a two way process involving a sender and receiver, but noted that it can be either formal or informal. Informal communication has the benefits of employees being able to talk openly, without feeling the usual anxiety that accompanies formal communication.

While the majority of nurses felt that their line manager contributes calmly and productively to debates arising from strongly-held beliefs, even when his/her own emotions have been excited, a third of respondents reacted negatively to the statement. A larger percentage of line managers believed that they contribute calmly and productively to debates arising from strongly-held beliefs, even when his/her own emotions have been excited, whereas six neither agreed nor disagreed with the statement. Emotionally intelligent leaders remain calm even when the situation they find themselves in is far from calm. They accept that they hold strong beliefs but are able to convert these emotions into productive arguments, and they do not fall into the trap of becoming irrationally vocal when things get heated, as they realise that they are role models to others. They understand that in order to be heard and respected, they have to remain rational and calm (Muller and Turner, 2010). In research conducted by Shirey (2015), it was proven that emotional intelligence is directly related to strategic agility. Leaders who keep their emotions in check and respond rationally, even when they feel otherwise, are role models for employees who tend to behave in a similar way.

A third of the nurses responded negatively to a statement that their line manager builds enough support for an idea or initiative to take on a life of its own, whereas almost half of respondents responded positively to this statement. A significant number of line managers positively responded that they build enough support for the

idea or initiative to take on a life of its own, whereas only four neither agreed nor disagreed with the statement. In nursing, line managers are instrumental in implementing ideas or initiatives and seeing them through successfully, thus it is essential that they communicate initiatives to employees and build support for them. Leaders inspire others to follow the vision and share plans to achieve goals and objectives (Bernotavicz et al., 2010). If leaders delegate this function to subordinates and exclude themselves from it, then employees will not buy into the new idea or initiative.

For this dimension, the category of nurse was not an influential variable ($p=0.182$). The location of the healthcare institution and the number of years working under the current line manager were not influential variables ($p>0.05$). For managers, the location of the institution, the years employed as a unit manager, tertiary qualification in management and the type of tertiary qualification did not influence leadership perceptions ($p>0.05$).

5.5 Conclusion

The study found significant relationships among the dimensions, which were all very strongly positively correlated with each other. Together, the dimensions take a holistic approach to leadership competencies and therefore give a good indication of the state of leadership effectiveness in the organisations under study.

Chapter 6: Conclusions and Recommendations

6.1 Introduction

In this chapter, the conclusions drawn from the results obtained in this study are presented and discussed. The recommendations developed from these conclusions will be presented.

The purpose of this study was first to apply an existing healthcare leadership model to the private healthcare institutions under study, in an attempt to ascertain the current state of nurse leader effectiveness. The model describes the things that one can see leaders do at work and demonstrates how one can develop as a leader. The definitions and importance of the nine leadership dimensions are clearly stated and need to be explored by the nurse manager in the initial stage. The self-assessment tool, which is based on the nine leadership dimensions, assisted individuals in assessing their own leadership behaviours, while the 360degree feedback tool provided insight into subordinates' perceptions of nurse manager leadership abilities and behaviours. Together the areas for leadership development were identified, giving organisations the opportunity to reassess leadership competencies and begin efforts to develop their leaders.

The second aim of the research was to inform the design and development of a new healthcare leadership model based on the South African healthcare context.

In order to achieve this purpose, the identified objectives of the study were to

- To determine the leadership competencies displayed by nurse managers using the NHS healthcare leadership model.
- To compare subordinates' and nurse managers' responses to leadership competencies displayed at private healthcare institutions in KwaZulu-Natal.
- To develop a new healthcare leadership model, based on the South African healthcare context that will assist in strengthening leadership in healthcare.

Each of these objectives is discussed in light of the research findings as presented in Chapter 5.

6.2 Conclusions

6.2.1 Objective 1: Determining the leadership competencies displayed by nurse managers using the NHS healthcare leadership model.

The conclusions to this question were drawn from the responses of the subordinates to the various dimensions on the 360 degree feedback tool. The findings suggest that although there were mostly positive responses to the leadership behaviours tested across the nine leadership dimensions, there are certain important leadership competencies that require development. The highest reported nurse manager competency ratings included inspiring a shared purpose; leading with care; and the ability to evaluate information. In contrast, the lowest reported nurse manager competencies included the line managers' knowledge of what is needed to make well-judged decisions; the ability of line managers to describe future changes in a way that inspires hope and reassures staff, the patients and the public; the line managers' ability to explain controversial and complex plans in a way that different groups can hear, understand and accept; the managers' ability to shape future plans with the team; the manager's ability to create a common purpose to unite the team and enable them to work seamlessly together to deliver; the line manager constantly looking for opportunities to celebrate and reward high standards; sharing stories and symbols of success that create pride in achievement; the line managers' ability to provide long term mentoring and coaching; the line managers' ability to spot high potential individuals in the team and focus developmental efforts on them; and the line managers' ability to use stories, stories and other memorable approaches to increase his/her impact. The findings indicate that leadership development is required in certain essential areas. In order for leadership to be effective all key leadership competencies must be developed. The private healthcare institutions under study do not make use of a leadership competency model but rather an engagement survey every second year to assess aspects of leadership effectiveness. There are also no concrete plans in place to develop the leadership competencies that are lacking.

6.2.2 Objective 2: Comparing subordinates' and nurse managers' responses to leadership competencies displayed at private healthcare institutions in KwaZulu-Natal.

The second research objective focused on the extent the subordinates' perceptions of leadership competencies displayed by unit managers differed from the unit managers' perceptions of their own leadership competencies. There was a substantial difference of perceptions noted across all nine leadership dimensions. Interestingly, the line managers had a positive perception of the leadership competencies across all nine dimensions. The highest reported competency ratings included actively promoting the values of the organisation; behaving consistently even when under pressure; acting as a role model for belief in and commitment to the service; understanding how financial and other pressures influence the way people work; handing over effectively to others; understanding the formal structure of the area of work; being visible and available to all in the team; encouraging the team to identify problems and solve them; taking personal responsibility for own performance; and understanding own strengths, weaknesses and developmental needs. The lowest reported competency ratings included having the courage to challenge beyond their boundaries even when it involves personal risk; taking positive action to ensure that other leaders are taking responsibility for the wellbeing of their teams; recording all essential data for their area of work accurately and on time; seeing patterns that help them to do things better, more efficiently or with less waste; looking outside their area of work for information and ideas that could bring about continuous improvement; establishing ongoing methods for measuring performance to gain a detailed understanding of what is happening; conducting a thorough analysis of data over time and comparing outcomes and trends to relevant benchmarks; carrying out or encouraging research to understand the root cause of issues; creatively applying fresh approaches to improve current ways of working; using stories and examples to bring the vision to life; shaping future plans with their team; and sharing stories and symbols of success that create pride in achievement.

However; the lowest rated competencies identified by the unit managers were also rated low by the subordinates. While the unit managers felt that they communicated and handed over information adequately to others, the subordinates felt that this was an area of development for unit managers. Similar opposing results were received in

the line manager's ability to make well-judged decisions; the ability of line managers to describe future changes in a way that inspires hope and reassures staff, the patients and the public; the line managers' ability to explain controversial and complex plans in a way that different groups can hear, understand and accept; the managers' ability to shape future plans with the team; the manager's ability to create a common purpose to unite the team and enable them to work seamlessly together to deliver; the line manager constantly looking for opportunities to celebrate and reward high standards. There are notable deficits in the leadership of self, others and communication.

The findings indicated that in fact the more years of experience in nursing management, the lower the perception of the leadership competencies. These unit managers had more than 5 years' experience but the majority did not have a tertiary qualification in management. The unit managers with a higher perception of their leadership competencies were those with a tertiary qualification in management and less than 5 years of management experience. The unit manager with the highest level of tertiary qualification had the most superior perception. The results indicate that a tertiary qualification in management is beneficial in honing leadership competencies. Formal theoretical courses in management that integrate leadership development are essential in developing leadership competencies in private healthcare institutions. There is clearly a gap identified as a substantial number of unit managers do not possess a tertiary qualification in management.

The enrolled nurse category had a better overall perception of leadership competencies in the ability to inspire a shared purpose, ability to engage the team and ability to maintain accountability. The scores for the rest of the dimensions were similar for all categories of nursing staff. The sample was made up of majority registered nurses, followed by enrolled nurses and the smaller proportion of the sample being enrolled nursing assistants. Enrolled nurses perform essential functions under the direct supervision of the registered nurses. The unit manager is a registered nurse and may work closely with the enrolled nurse in the supervisory capacity. The registered nurse is viewed as an independent practitioner and therefore may be expected to function without the direct supervision of the unit manager. The ENA works under the direct supervision of the EN or RN and may be overlooked by the unit manager. Leadership effectiveness is measured by how well

all groups of subordinates perceive the unit managers leadership competencies positively. Therefore, it can be concluded that interaction with all categories of staff is not equitable.

6.2.3 Objective 3: Developing a new healthcare leadership model, based on the South African healthcare context that will assist in strengthening leadership in healthcare.

The process of developing the model was outlined in chapter 4.

6.2.3.1Ways in which the leadership model can be implemented

The model can be used in two ways:

- As part of an induction programme for new managers
- As a course module/ self study module for existing managers

a>As part of induction

There is a generic induction programme that runs between 3-5 days at most healthcare organisations. However, this is generic for all staff that are new to the institution. An induction tool specific for unit managers focuses primarily on management activities with little or no emphasis as to what is required in nursing leadership. The healthcare leadership competency model can be used as an adjunct to the induction tool so that the induction is holistic and aimed at leadership development. The 360 degree feedback tool can be completed by the new manager during the induction phase. Thereafter, the senior nurse manager can discuss the results of the feedback tool as well as the expectations of the leadership model with the new incumbent. The incumbent should be given a period of 6 months to complete the activities in the guide and focus on the leadership competencies that require development. The atmosphere that is created by the senior nurse manager must be non punitive and a coaching stance must be adopted.

After 6 months of moving through the model, the incumbent must complete the 360 feedback tool again. The subordinates can also complete the tool at this time. The senior nurse manager, together with the incumbent must make a comparison between the incumbents' responses and the subordinate's responses. The healthcare leadership model can then be applied to develop the areas that require

development. This model can be used continuously or periodically to improve leadership competencies.

b>As a course module

Existing unit managers can also benefit from this leadership model. This can be incorporated into training and development by using this in conjunction with a mentorship programme that is run by most healthcare institutions. The major aim of such a programme is to develop candidates that meet developmental criteria for the different levels of management positions namely unit managers, deputy nursing managers and nursing managers. The healthcare leadership model can be integrated into the formal mentorship programme and used as a tool to develop leadership competencies. The mentorship programme is mainly focused on managerial competencies; therefore integrating it with the healthcare leadership model will make it a holistic programme.

c>As a self study guide

Since most unit managers are already in their posts and may not necessarily be on a mentorship programme, the healthcare leadership model can also be used as a self study guide. This is recommended if there are resource constraints and a formal programme cannot be done. Unit managers can complete the 360 degree questionnaire. The development areas that are identified can be translated into the joint performance management process. The healthcare leadership model can be used as a resource to breach developmental areas. Subordinates can also rate their manager's leadership competencies anonymously and the results revealed to the unit managers. The healthcare leadership model will be a resource that can be used to build on and improve areas that have been identified as lacking as far as leadership is concerned.

6.2.3.2 Introduction of the model to executive management

The healthcare leadership model was also introduced to the executive management of the corporate healthcare group. However, the corporate group that the private healthcare institutions fall under have to make the final decision regarding the formalisation and implementation of the leadership model. A formal proposal will be

sent to the executives of the healthcare institutions under study to receive formal permission to implement the leadership model.

The major conclusion from this study is that there are deficits in leadership competencies. There is no leadership competency model available that assesses leadership effectiveness and guides managers into developing leadership competencies. A leadership competency model that is inclusive of a 360 degree feedback tool and self-assessment tool will provide valuable insight to line managers in the areas they feel they are strong in versus the areas that subordinates feel that they are lacking in. A leadership competency model will go a long way in addressing the leadership gaps that have been identified.

6.3 Recommendations

6.3.1 Tertiary Education in Management and Administration

Baker et al., (2012) stressed that the role of the nurse manager is one of the most overburdened roles in healthcare and one that requires the incumbent to have a tertiary management qualification that equips the manager with sound theoretical knowledge. Cathcart et al., (2010) argued that nurses from direct patient care areas are often promoted to management posts purely based on clinical experience and expertise, yet they have limited formal training and minimal to no managerial experience, and are expected to fulfil the role immediately and with ease. Although they may be able to communicate, plan, organise and prioritise, they lack the formal education and training that provides them with leadership and management skills (Decampli, Kirby and Baldwin, 2010). Nurses with a Baccalaureate or Master's degree in nursing are well supported in leadership positions, as core leadership competencies are well entrenched at these levels of education (Scott and Miles, 2013). Nurses form an important part of the multi-disciplinary team and therefore it should be a requirement that they possess an educational qualification that can be compared to those of their colleagues. A tertiary management qualification will enable them to handle the difficult, complex and stressful situations that nurse managers often find themselves exposed to. Problem solving in healthcare requires a team approach, but in order for it to be successful all role players must be suitably skilled. The aim of this recommendation is to increase the quality of care delivered to patients (IOM, 2010). Leadership training must commence at the end of formal

education and must carry through the professional life of the nurse leader. Theoretical university curricula should be supplemented by sound practical exposure (Kvas, 2013).

Naidoo et al., (2014) found that managers with management qualifications found their qualification more useful than on-the-job training, and Owen(2015) recommended that organisations invest in formal learning programmes to acquire the knowledge and competencies of effective leadership. Organisations that ignore the need for managers with managerial qualifications subject employees to uncivil behaviours, due to managers' lack of knowledge and competence. This leads to a high organisational turnover. The American Organisation of Nurse Executives (2011) stipulated that a nurse leader should have a nursing degree as a minimum requirement for the position. They were of the opinion that nurse managers must possess a Bachelors or Master's degree as a minimum requirement for the post, and senior managers in nursing should possess a doctoral degree (AONE, 2010). Scott and Miles (2013) reiterated that there is a shortage of nurse leaders globally, recommending that the solution is to incorporate nursing leadership into all levels of nursing tertiary education. This will foster leadership identity into nurses as they embark on their professional careers. It is strongly recommended that when nurses are chosen for managerial positions, they already possess a tertiary qualification in management, preferably a Baccalaureate degree.

6.3.2 Leadership development

The healthcare landscape has changed rapidly and radically over the years. Litigation, medico legal hazards, legislation, the rising cost of healthcare and the increasing competition are factors that led to this change. Organisations need leaders who are able to build commitment, align employees to the objectives, and set direction in this dynamic environment (CCL, 2011). Issa and David (2012) agreed that healthcare is changing more rapidly than any other industry, due to challenges such as rising costs, competition, advanced technologies and a diverse population. These circumstances demand that leadership adapt to these changes, problem solve efficiently, and make quick but suitable decisions. Leadership development in healthcare is thus no longer a want but a need that must be taken seriously. Baker's (2011) research pointed out that high achieving organisations are led by successful

long standing leaders, and maintaining that leadership set is imperative for a successful organisation (Kingsfund, 2011).

As part of leadership development, leaders create their own personal development plans and opportunities (Green and Gell, 2012). Healthcare organisations in the United Kingdom developed a leadership programme geared at identifying staff for succession planning and teaching them the different management strategies. The Top Leaders programme allows the identified employees to uncover their strengths, areas of development and leadership style they would mostly likely adopt, using a diagnostic test. The results of the programme were evaluated by performing two case studies, which revealed that leadership development was crucial to building effective leadership (Lynas, 2012). In a study by Wong and Laschinger (2013) to determine the relationship between formal leadership development and clinical outcomes, it was discovered that there was a congruent relationship between leadership styles and competencies and increased levels of customer satisfaction and decreased negative.

Effective ward leadership has been recognised as being vital for high-quality patient care and experience, resource management and interprofessional working. The majority of ward registered nurses have not been developed to take on leadership roles, however, and are therefore not able to cope with the responsibilities that are placed on them, which impact their confidence levels. According to the University College London Hospitals Foundation Trust, ward leadership is far more difficult in the larger hospitals where the needs are more complex. Leadership development is therefore a necessity for ward sisters who spend a large percentage of their time on clinical management (Fenton and Phillips, 2013). MacPhee et al., (2013) affirmed that nurses demonstrate leadership when they demonstrate competency and mastery in their tasks.

Prestia (2010) was of the opinion that the unit manager role is intricate and therefore requires the nurse manager to possess leadership skills that are appropriate to these intricacies. Nurse managers often require development in the area of building resilience and developing qualities of authentic leadership. This skill set has proven invaluable in developing a culture that displays cohesiveness, caring, innovation and transparency, therefore line managers should embark on formal leadership

development programmes to be able to achieve these complexities (Yancer, 2012).Casey (2012) argued that leader development is beneficial when it is based on individual needs and the individual has a strong desire to lead rather than when it is based on generic needs and when the individual has ulterior motives in assuming the position of leadership.

Senior nurse managers must have the capability to identify future leaders and managers- individuals who are passionate about patient care, have a suitable ability to learn, and have a strong need to make a difference to the nursing profession. In research conducted by Lawrence and Richardson (2014), three themes were found to influence modern matrons' leadership experiences: leadership behaviours, negative influences and leadership investment.

When Frederickson and Nickitas (2011) explored the topic of nurse manager development, they identified core competencies that are necessary for nurse leaders to possess. These skills are self-knowledge, strategic visioning, risk-taking, creativity, interpersonal skills and communication effectiveness. In a recent article, Stagman-Tyler (2014) identified three foundational elements necessary for nurse leader resiliency - equanimity, optimism, and perseverance. Nurse leaders must be developed into these elements as these are not always inherent. Leadership development must be focussed on building resiliency as the turbulent nursing environment requires this as a critical trait for successful leadership. Birken, Lee, Chin, Chiu and Schaefer (2015) argued that new managers fail within 18 months of promotion mainly because they have difficulty transitioning from being an ordinary worker to a manager. Employers need to recognise that assistance in this area is required, e.g. buddying old managers with new managers.

The Centre for Creative Leadership (2014) stressed that leadership needs to exercise critical and adaptive thinking, as the demands on leadership and management have changed; therefore leadership development programmes have to change. Although training, coaching and mentoring remain important in leadership development, competency is still required to allow for adaptation to technology and other changes. Elements of mindful reflection must be added to the current leadership training and development programmes as a foundation for effective nurse leadership to ensure that nurse leaders build resiliency into their leadership (Prestia,

2010).Batcheller (2011) discovered in his research that leadership development must be both theoretical and practical to be effective and beneficial to nurse leaders. Although it includes aspects like relationship building, leadership styles and emotional intelligence, competencies must be evaluated in the real world of nursing.

Edmonstone (2011) focussed his study on the competencies a successful entrepreneurial leader must possess in a dynamic healthcare environment. The competencies that were discussed were the healthcare system and environmental competencies, organisation competencies and interpersonal competencies. These competencies must be developed as part of leadership development programmes, as organisations can no longer assume that they are inherent. Research was undertaken by Dixon-Woods (2014) on 40 expert leaders and 40 young business leaders to ascertain the leadership competencies that each group possessed. The results revealed that young leaders lack leadership competencies in all three categories, therefore leadership development should be a priority for organisations.

The healthcare institution under study runs a host of continuous professional development courses for all categories of nursing staff. The recommendation is that both formal and informal leadership development programmes are incorporated into the overall programme to allow for the development of nurse leaders. It is also important that these programmes are practically based as nursing management is a highly practical job. Leadership development can take many forms; formal courses, workshops and seminars can be structured by the learning and development centre to address leadership gaps and teach nurse managers the theory associated with the practice of nurse leadership. These courses should contain the practical component of facilitation, whereby a facilitator performs some clinical accompaniment with the nurse manager to ascertain how well the theory is being integrated with practice. Formal workplace assessments should also be conducted so that nurse managers are able to clearly view their leadership strengths and weaknesses.

The healthcare institution could also source leading motivational speakers who are able to energise nurse managers, assist them with techniques in dealing with day-to-day work stress, and provide leadership coaching. This would go a long way in providing them with the skills needed to deal with emotionally charged staff, patients

and doctors, as well as balance their work life with the demands of their family life. It would also be a worthwhile investment to get nurse managers involved in workshops dealing with emotional intelligence, as this is an overlooked area of nursing management and it is often taken for granted that nurse managers have this competence. Emotional intelligence is not covered in detail even at the degree level, so a structured workshop covering the essential aspects of emotional intelligence will be hugely beneficial.

The importance of succession planning also cannot be underestimated, thus it is recommended that a formal succession planning programme for identified candidates be instituted to ensure that leadership capability is sustained. There must be criteria in place to identify successors and a formal plan to allow growth and development into the next tier of management. Senior nurse leaders must be utilised to share their knowledge and skills and therefore used to mentor younger nurse leaders. This can be done informally using a "buddy" system. This can also translate into a formal mentorship programme where seasoned managers mentor and coach younger would-be leaders. For this to be successful, these seasoned professionals will need to complete mentorship training programmes where they are trained in the competencies required for effective mentorship.

Formal leadership programmes focussed on self-leadership and reflection will be instrumental in getting nurse managers to reflect on their leadership styles in the practical setting and at the bedside where they drive leadership. Reflection is a valuable source of learning and should be geared in the direction of relationship building as nurse leaders spend a large portion of their time building and maintaining relationships. Diversity training should also be included in formal leadership programme, as the South African healthcare environment is diverse and is also an area where employment equity is rife. Employees come from different cultures, speak different languages, and interpret things differently, thus nurse managers have to be equipped to deal with the various issues and conflicts that may arise as a result of a diverse workforce.

Job rotation encourages leadership development by allowing managers to handle different jobs in a short space of time, while action learning allows leaders who are working on a project together to meet regularly, under the guidance of a facilitator, to

set objectives, plan necessary action and share experiences. Mentoring is another skill that allows a more experienced leader to work with a relatively new leader to develop their leadership ability, while executive coaching is more beneficial to senior leaders and managers in organisations (De Haan and Duckworth, 2013).

6.3.3 Implementation of a Leadership Competency Model

ANALi (2013) developed a leadership framework and competency model that is made up of competencies and behaviours required for effective leadership. Evaluation tools, goal setting tools, 360 degree feedback tools and interview protocols are included in this model, which aims to drive results, manage people and build relationships. The competencies that make up the model were garnered from leaders who took part in focus groups. The model can be used as part of formal leadership development, or can be used alone to assess leadership competencies in nurse managers. Competency modules should incorporate leading self, leading others, change management and leading teams through difficult times (MacPhee et al., 2013). Wong and Laschinger (2013) suggested that the dynamic healthcare environment requires talented management to drive management and leadership processes.

The Healthcare Leadership Alliance is made up of six professional healthcare organisations that utilised research and experience to develop a healthcare competency model. This model is made up of five domains, namely communication, professionalism, leadership, knowledge of healthcare systems and business skills. Three hundred competencies were developed from this model, which was applied as a self-assessment tool for nurse managers belonging to any of the six professional organisations. The use of this competency model was crucial in identifying areas that required development and designing leadership programmes to improve on these areas. The ANALi (2013) also developed a leadership competency model, using a similar train of thought that was based on the competencies required for leading self, leading others and leading the organisation. It also considers derailment factors to effective leadership. After working on the areas that required development, as indicated by the model, staff rated the leadership competencies more favourably.

This researcher recommends that a leadership competency model be implemented in the healthcare institutions under study, as this model will be beneficial to nurse

managers as they will be able to rate their own leadership competencies. The subordinates will also be able to rate their manager's leadership competencies, providing opportunities for leadership growth and development. The results of the research prove that there are deficits in certain leadership competencies, which the competency model will aid in developing, transforming them into strengths. A competency model also provides nurse managers with definitions of the various competencies and the behaviours they should engage in to bring these competencies to life. The self-assessment and 360 degree feedback tool can be utilised biannually to monitor the progress in areas of deficit, and will also highlight progress made in leadership development.

6.3.4 Formal leadership orientation for new nurse managers

Often, nurses from within the organisation are promoted into nursing management roles with the assumption that they know the organisation well and they will be able to get on with things with minimal difficulty. This is not true; however, as these nurses have not worked to the capacity they are now required to work at. The demands of management are difficult to handle, and if not equipped with the necessary skills, these nurses fail in their leadership and management roles. The recommendation is thus that a formal leadership orientation programme is provided for new nurse managers, including those employed from outside the organisation. Currently, the organisation under study has a formal corporate orientation for nursing services managers only, i.e. the nurse managers at ward level are excluded from this initiative. Currently the nursing services manager is elected as the mentor for the new manager, but due to the demands of her own job is unable to fulfil this role to the desired level.

A formal leadership orientation for new nurse managers detailing the vision, values, leadership philosophy and culture of the organisation should be implemented to assist with the "merging" in the organisation. The healthcare competency model must be introduced during the orientation phase, as must the leadership handbook. The activities must be completed in a practical setting and designated facilitators can overlook this process. In this way, the new recruit will feel supported as he/she navigates the choppy waters of nursing leadership. Mentors should also be assigned during the orientation phase, preferably from amongst seasoned unit managers who are able to teach processes and provide guidance to the more complex tasks. The

orientation programme should be structured and preferably held once a week for a three-month period. The different facets that should be included are: formal introductions, values, philosophy and culture, leadership goals, leadership competency model, conflict management, business processes and communication skills.

6.4 Conclusion

This chapter dealt with the major conclusions derived from the study. The recommendations, based on the conclusions were also discussed.

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Appendices

Appendix 1

UNIVERSITY OF KWAZULU NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP
DBL Research Project
Researcher: Vanitha Naicker
Supervisor: Dr Muhammad Hoque (0312608318)
Research Office: Ms P Ximba(0312603587)

Dear Respondent

I, Vanitha Naicker am a Postgraduate Doctorate in Business and Leadership student, at the Graduate School of Business and Leadership, of the University of KwaZulu Natal. You are invited to participate in a research project titled: "Leadership competencies within the context of nursing leadership at private healthcare institutions in KwaZulu Natal"
Through your participation I hope to understand the leadership competencies that are displayed by nurse managers in private healthcare setting. The results of this questionnaire are intended to contribute to the development of a new leadership model for nursing.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequences. There will be no monetary gain from participating in this questionnaire. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

If you have any questions or concerns about participating in this study, you may contact me or my supervisor at the numbers listed above. The questionnaire should take about 30 minutes to complete. I hope you will take the time to participate.

Sincerely

Vanitha Naicker
(032 9445061)

Appendix 2

Data collection tool for nurse managers
Section A
Please mark your response with an "x" in the appropriate box

1. Gender

Male	
Female	

2.Years as a nurse manager

<1	
1 to <5	
5 to 10	
> 10	

3. Do you have a tertiary qualification in management

Yes	
No	

If you answered yes to question 3.please answer question 4 and 5 below

4. State the type of tertiary qualification you have

Diploma	
Degree	
Masters	
Phd	
other(please specify)	

5.Do you feel your qualification equips you to be a better leader

Yes	
No	

6. Do you use a nursing/healthcare leadership model that demonstrates successful leadership

Yes	
No	

7. If you answered yes to question 6, please specify which one you utilise

Section B
Please place an "x" in the appropriate box

No	Statement	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
	Inspiring a shared purpose					
1	I act as a role model for the values of our organisation					
2	I enable colleagues to see the wider meaning in what they do.					
3	I behave consistently and make sure that others do so even when we are under pressure					
4	I inspire the team in tough times by helping them to focus on their contributions.					
5	I actively promote values of the organisation					
6	I have the self-confidence to question the way things are done in my area of work					
7	I support my team or colleagues when they challenge the way things are done					
8	I have the courage to challenge beyond my boundaries even when it may involve considerable personal risk					
9	I take the initiative and responsibility to put things right outside my boundaries if I see others fearing to act					
	Leading with care					
1	I notice negative or unsettling emotions in the team and act to put the situation right					
2	My actions demonstrate that the health and wellbeing of my team are important to me.					
3	I carry out genuine acts of kindness for my team.					
4	I understand the underlying reasons for my behaviour and recognise how it affects my team.					
5	I act with appropriate empathy toward my team members.					
6	I care for my own physical and mental wellbeing so that I create a positive atmosphere for the team and service users.					
7	I help to create conditions that help my team provide mutual care and support.					
8	My line manager pays close attention to what motivates individuals in our team so that he/she can channel our energy to deliver for customers.					

9	I take positive action to ensure that other leaders are taking responsibility for the emotional wellbeing of their teams.					
10	I share responsibility for my team member's emotional wellbeing.					
	Evaluating information	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
1	I record all essential data for my area of work accurately and on time.					
2	I see patterns that help me to do things better, more efficiently or with less waste.					
3	I look outside my area of work for information and ideas that could bring about continuous improvement.					
4	I establish ongoing methods for measuring performance to gain a detailed understanding of what is happening.					
5	I conduct thorough analysis of data over time and compare outcomes and trends to relevant benchmarks.					
6	I creatively apply fresh approaches to improve current ways of working					
7	I create improved pathways, systems or processes through insights that are not obvious to others.					
8	I carry out or encourage research to understand the root cause of issues.					
	Connecting our service					
1	I understand the formal structure of my area of work and how it fits with other teams.					
2	I hand over effectively to others and take responsibility for continuity of service provision					
3	I know what I need to do so that well judged decisions are made in my organisations.					
4	I understand how financial and other pressures influences the way people react in my organisation.					
5	I act flexibly to overcome obstacles					
6	I am flexible in my approach so I can work effectively with people in my organisation that have different standards and approaches from mine.					
7	I build strategic relationships to make links across the broader system.					
8	I understand which issues affect decisions across the system so I can anticipate how other stakeholders will react.					

		Strongly agree	Agree	neither agree nor disagree	disagree	strongly disagree
	Sharing the vision					
1	I am visible and available to all in my team.					
2	I communicate honestly, appropriately and at the right time with people at all levels.					
3	I help other people appreciate how their work contributes to the aims of the team and the organisation.					
4	I break things down and explain clearly.					
5	I help people to see the vision as achievable by describing the “journey” we need to take.					
6	I use stories and examples to bring the vision to life.					
7	I clearly describe the purpose of the job, the team and the organisation and how they will be different in the future.					
8	I encourage others to become “ambassadors” for the vision and generate excitement about long term aims.					
9	I find ways to make a vivid picture of future success emotionally compelling.					
10	I display confidence and integrity under robust criticism.					
11	I describe future changes in a way that inspires hope, and reassures staff, patients and the public.					
	Engaging the team					
1	I recognise and actively appreciate each person’s unique perspectives and experience.					
2	I listen attentively to my team and value their suggestions.					
3	I ask for contributions from my team to raise their engagement.					
4	I encourage team members to get to know each other’s pressures, and priorities so that they can cooperate to provide seamless service when resources are stretched.					
5	I offer support and resources to other teams in my organisation.					
6	I ask for feedback from my team on things that are working well and things we could improve.					
7	I shape future plans with my team.					
8	I stretch my team so that they deliver the best value that they can.					
9	I support other leaders to build success within and beyond my organisation.					

		Strongly agree	Agree	neither agree nor disagree	disagree	strongly disagree
	Holding to account					
1	I take personal responsibility for my own performance					
2	I specify and prioritise what is expected of individuals and the team					
3	I make tasks meaningful and link them to organisational goals					
4	I make sure individual and team goals are specific, .measurable, accurate, time bound and realistic					
5	I set clear standards for behaviour as well as for achieving tasks					
6	I give balanced feedback and support to improve performance					
7	I act quickly to manage poor performance					
8	I constantly look out for opportunities to celebrate and reward high standards					
9	I notice and challenge mediocrity, encouraging people to stop coasting and stretch themselves for the best results they can attain					
10	I encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better					
11	I share stories and symbols of success that create pride in achievement					
12	I champion a mindset of high ambition for individuals, the team and the organisation					
	Developing capability					
1	I often look for opportunities to develop myself and learn things outside my comfort zone					
2	I build people development into my planning for my team					
3	I explore and understand the strengths and development needs of individuals in my team					
4	I provide development opportunities for other people through experience and formal training					
5	I look for and provide regular positive and developmental feedback for my team to help them focus on the right areas to develop professionally					
6	I explore the career aspirations of colleagues in my team and shape development activities to support them					
7	I provide long-term mentoring or coaching					
8	I create the conditions in which others take responsibility for their development and learn from each other					
9	I share in broad organisational development					

	Influencing for results	strongly agree	agree	neither agree nor diagree	disagree	strongly disagree
1	I am respectful in all circumstances					
2	I listen to different views					
3	I share issues and information to help other people understand my thinking					
4	I avoid jargon and express myself clearly					
5	I adapt my communication to the needs and concerns of different groups					
6	I check that others have understood me					
7	I create formal and informal two-way communication channels so I can be more persuasive					
8	I create shared agendas with key stakeholders					
9	I use indirect influence and partnerships across organisations to build wide support for my ideas					
10	I contribute calmly and productively to debates arising from strongly-held beliefs, even when my own emotions have been excited					
11	I build enough support for the idea or initiative to take on a life of its own					

Appendix 3

Data collection tool for employees
Section A
Please mark your response with an "x" in the appropriate box

1. Category of nurse:

Registered nurse	
Enrolled nurse	
Enrolled nursing assistant	
Careworker	

2. Number of years working under your current nurse manager

<1	
1 to <5	
5 to 10	
> 10	

Section B
Please mark your response with an "x" in the appropriate box

No	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	Inspiring a shared purpose					
1	My line manager acts as a role model for the values of our organisation					
2	My line manager enables me to see the wider meaning in what I do.					
3	My line manager behaves consistently and makes sure that our team does so even when we are under pressure					
4	My line manager inspires me in tough times by helping me to focus on the value of my contribution					
5	My line manager actively promotes the values of the organisation					

		strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
6	My line manager has the self-confidence to question the way things are done in my area of work					
7	My line manager supports our team or colleagues when they challenge the way things are done					
8	My line manager has the courage to challenge beyond his/her boundaries even when it may involve considerable personal risk					
9	My line manager takes the initiative and responsibility to put things right outside his/her boundaries if he/she sees others fearing to act					
	Leading with care					
1	My line manager notices negative or unsettling emotions in our team and acts to put the situation right					
2	My line managers actions demonstrate that the health and wellbeing of the team are important to him/her					
3	My line manager carries out genuine acts of kindness for our team.					
4	My line manager understands the underlying reasons for his/her behaviour and recognises how it affects our team.					
5	My line manager acts with appropriate empathy toward our team members.					
6	My line manager cares for his/her own physical and mental wellbeing so that he/she creates a positive atmosphere for our team and service users.					
7	My line manager helps to create conditions that help our team provide mutual care and support.					
8	My line manager pays close attention to what motivates individuals in our team so that he/she can channel our energy to deliver for customers.					
9	My line manager takes positive action to ensure that other leaders are taking responsibility for the emotional wellbeing of their teams.					

		Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
10	My line manager shares responsibility for our team member's emotional wellbeing.					
	Evaluating information					
1	My line manager records all essential data for our area of work accurately and on time.					
2	My line manager looks outside his/her area of work for information and ideas that could bring about continuous improvement.					
3	My line manager creatively applies fresh approaches to improve current ways of working					
4	My line manager carries out or encourages research to understand the root cause of issues.					
	Connecting our service					
1	My line manager understands the formal structure of my area of work					
2	My line manager hands over effectively to others and takes responsibility for continuity of service provision					
3	My line manager knows what he/she needs to do so that well judged decisions are made in our organisation.					
4	My line manager understands how financial and other pressures influences the way people react in our organisation.					
5	My line manager acts flexibly to overcome obstacles					
6	I am flexible in my approach so I can work effectively with people in my organisation that have different standards and approaches from mine.					
	Sharing the vision					
1	My line manager is visible and available to all in our team.					
2	My line manager communicates honestly, appropriately and at the right time with people at all levels.					
3	My line manager helps me appreciate how my work contributes to the aims of our team and the organisation.					

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
4	My line manager breaks things down and explains clearly.					
5	My line manager helps me to see the vision as achievable by describing the “journey” we need to take.					
6	My line manager uses stories and examples to bring the vision to life.					
7	My line manager describes the purpose of the job, the team and the organisation and how they will be different in the future.					
8	My line manager encourages others to become “ambassadors” for the vision and generate excitement about long term aims.					
9	My line manager finds ways to make a vivid picture of future success emotionally compelling.					
10	My line manager displays confidence and integrity under criticism.					
11	My line manager describes future changes in a way that inspires hope, and reassures staff, patients and the public.					
12	My line manager explains controversial and complex plans in a way that different groups can hear, understand and accept.					
	Engaging the team					
1	My line manager recognises and actively appreciates each person’s unique perspectives and experience.					
2	My line manager listens attentively to our team and values our suggestions.					
3	My line manager asks for contributions from our team to raise our engagement.					
4	My line manager enables our team to feed off each other’s ideas, even if there is a risk that the ideas may not work.					
5	My line manager encourages team members to get to know each other’s pressures, and priorities so that we can cooperate to provide seamless service					
6	My line manager offers support and resources to other teams in my organisation.					

		Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
7	My line manager asks for feedback from our team on things that are working well and things we could improve.					
8	My line manager shapes future plans with our team.					
9	My line manager encourages our team to identify problems and solve them.					
10	My line manager stretches our team so that we deliver the best value that we can.					
11	My line manager creates a common purpose to unite our team and enable us to work seamlessly together to deliver.					
	Holding to account					
1	My line manager takes personal responsibility for his/her own performance					
2	My line manager specifies and prioritises what is expected of individuals and the team					
3	My line manager makes tasks meaningful and links them to organisational goals					
4	My line manager makes sure individual and team goals are specific, .measurable, accurate, time bound and realistic					
6	My line manager sets clear standards for behaviour as well as for achieving tasks					
7	My line manager gives balanced feedback and support to improve performance					
8	My line manager acts quickly to manage poor performance					
9	My line manager constantly looks out for opportunities to celebrate and reward high standards					
10	My line manager actively links feedback to the overall vision for success					
11	My line manager notices and challenges mediocrity, encouraging our team to stop coasting and stretch ourselves for the best results we can attain					
12	My line manager encourages a climate of high expectations in which everyone looks for ways for service delivery to be even better					

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
13	My line manager shares stories and symbols of success that create pride in achievement					
14	My line manager champions a mindset of high ambition for me, the team and the organisation					
	Developing capability					
1	My line manager often looks for opportunities to develop himself/herself and learn things outside his/her comfort zone					
2	My line manager understands the importance and impact of people development					
3	My line manager builds people development into his/her planning for our team					
4	My line manager explores and understands my strengths and development needs					
5	My line manager provides development opportunities for our team through experience and formal training					
6	My line manager looks for and provides regular positive and developmental feedback for our team to help us focus on the right areas to develop professionally					
7	My line manager explores the career aspirations of me and my team and shape development activities to support us					
8	My line manager provides long-term mentoring or coaching					
9	My line manager spots high-potential individuals in my team and focus development efforts to build on or deal with the situation					
10	My line manager creates the conditions in which our team take responsibility for our development and learn from each other					
	Influencing for results					
1	My line manager is respectful in all circumstances					
2	My line manager listens to different views					

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
3	My line manager shares issues and information to help our team understand his/her thinking					
4	My line manager develops and presents well-reasoned arguments					
5	My line manager avoids jargon and expresses him/herself clearly					
6	My line manager adapts his/her communication to the needs and concerns of our team					
7	My line manager uses stories, symbols and other memorable approaches to increase his/her impact					
8	My line manager checks that others in the team have understood him/her					
9	My line manager create formal and informal two-way communication channels so he/she can be more persuasive					
10	My line manager contributes calmly and productively to debates arising from strongly-held beliefs, even when his/her own emotions have been excited					
11	My line manager builds enough support for the idea or initiative to take on a life of its own					

Appendix 4

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

28 October 2015

Mrs Vanitha Naicker (215081040)
Graduate School of Business & Leadership
Westville Campus

Dear Mrs Naicker,

Protocol reference number: HSS/1581/015D
Project title: Leadership competencies within the context of nursing management, in private healthcare institutions in KwaZulu-Natal

Full Approval – Expedited Application

In response to your application received on 27 October 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

Supervisor: Dr Muhammad Hoque
Academic Leader Research: Dr Muhammad Hoque
School Administrator: Ms Zarina Bullyraj

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
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Appendix 5

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ETHICS LINE 0800 005 316

www.mediclinic.co.za

02 March 2016

RESEARCH APPLICATION APPROVAL - V. NAICKER

Dear Vanitha,

Following our previous correspondence and your submission of the required documents, the company has approved your research project subject to the conditions set out below:

1. The company will be provided with a complete copy of the final research project once it has been submitted and graded.
2. Any interviews or surveys will be done only at hospitals in the Kwazulu-Natal region and you must contact the HR Manager directly to discuss your visit to the respective facility.
3. The research process may not interrupt the daily operations of the hospitals and should preferably take place during off-peak times.
4. The HR Manager may limit the amount of staff that is allowed to participate in the research project subject to operational requirements.

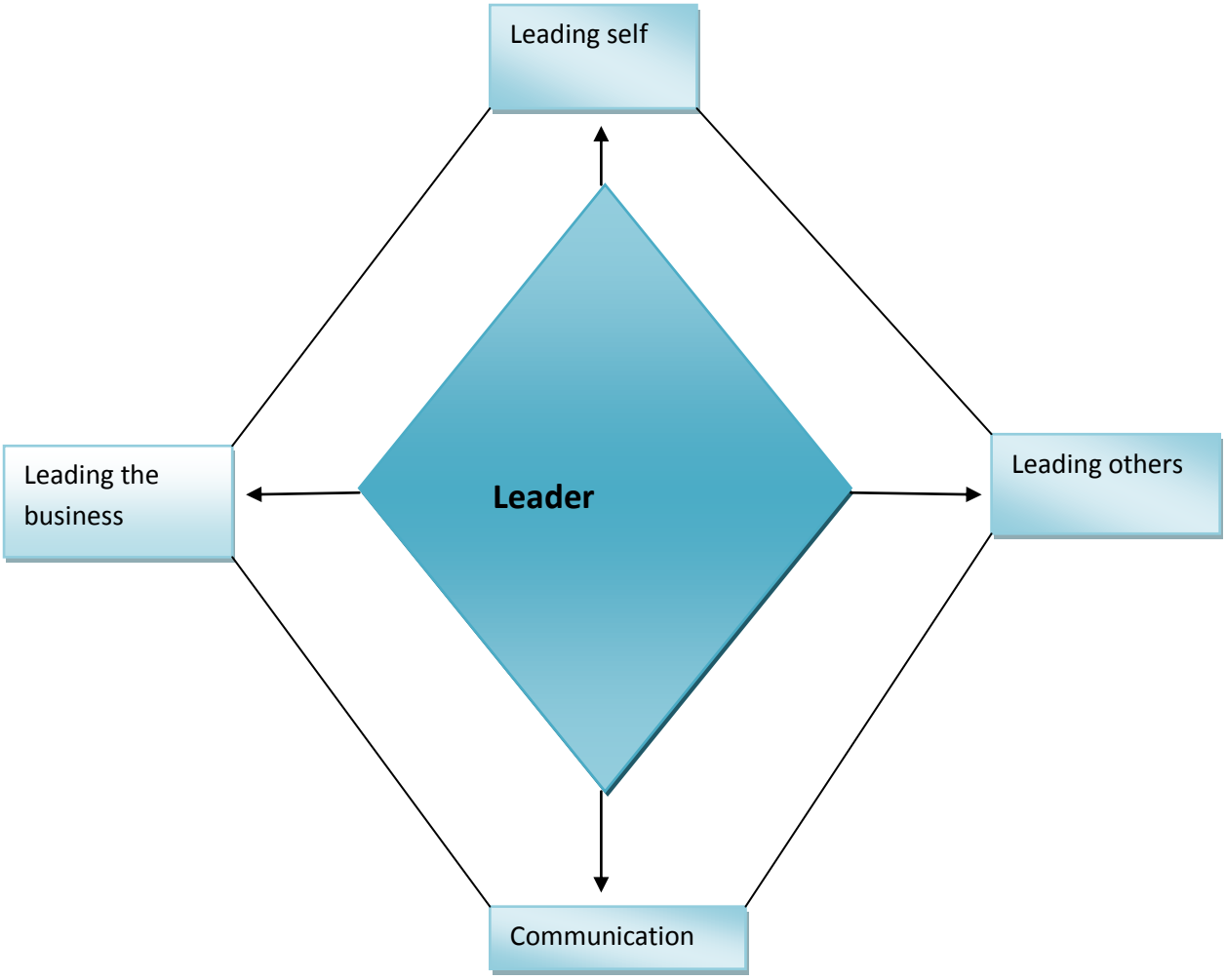
Please contact the respective HR Manager for further arrangements.

Kind regards,

Clinton Lottering
Employee Relations Officer

Appendix 6

THE DIAMOND FACTOR HEALTHCARE LEADERSHIP MODEL



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Section A

1. Key concepts in leadership

1.1 Leadership defined

Leadership is usually defined as the ability to influence, motivate and inspire others to achieve organisational goals (Horey and Fallesen, 2014) Grint (2011) remarks that leadership has been a topic of interest for centuries, especially the 20th century when there was a keen interest in psychology. Leadership is the ability to inspire others to achieve certain goals. One guides, directs and influences the work of others to reach common goals (Murugan, 2011) Leadership is a process by which a person influences another to achieve a task or objective. Good leaders are made not born i.e. leadership abilities can be developed through self-study, education, training and experience (Jooste, 2014)

Table 1.1: Differences between management and leadership

Management	Leadership
Requires formal organisation structure within which it operates.	Can exist in both organised and unorganised groups.
A manager directs people through the use of formal authority	A leader may or may not have formal authority and can influence people through informal authority
The scope of management is wider than that of leadership. A manager performs the functions of planning, organising, staffing, directing and control	A leader directs followers by influencing their behaviour. Leadership is a part of management

Source: Murugan, 2011

1.2 Leadership characteristics

Table 1.2: Nursing leadership Characteristics and role activities

Characteristics of leaders	Examples of nursing role activities
Leadership requires personal mastery	Nurses demonstrate leadership when they show competence and mastery in the tasks they perform. Nurses are deemed competent by means of a licence to practice nursing (SANC, 2014)
Leadership is about values	Nurses exhibit leadership through their demonstration of cultural values that are embraced through individual belief systems. Nurses display their personal and professional values as they serve others (Dahnke, 2009) ○ Caring: promoting health and healing ○ Integrity: respecting the dignity and moral wholeness of every person ○ Diversity: affirming the uniqueness of the differences among persons, values and ethnicities ○ Excellence: creating and implementing transformative strategies with ingenuity.
Leadership is about service	Service learning links information learned in the classroom or learning environment to the community and can enhance culturally congruent care.
Leadership is about people and relationships	Nurses demonstrate leadership and play roles in patient outcomes when they build relationships with patients and their significant others.
Leadership is contextual	Nurses demonstrate leadership when they adjust their leadership styles, depending on the context that surrounds a particular situation, to achieve nursing goals.
Leadership is about the management of meaning	Nurses demonstrate leadership when they monitor the meaning of what is being communicated, both verbally and nonverbally, and manage the situation to achieve goals for all involved. The communication must be clear and inspiring.
Leadership is about balancing	Nurses demonstrate leadership when they multitask and balance all that they have to do to achieve goals.
Leadership is about continuous learning and improvement	Nurses demonstrate leadership by continuing to increase and improve their knowledge and expertise.
Leadership is about effective decision making	Nurses demonstrate leadership when they make effective, evidence-based decisions. Nurses

	must be autonomous in their decision making and also work with other members of the health care team to assure the best care for patients.
Leadership is a political process	Nurses demonstrate leadership when they participate in nursing organisations and various political processes in their states and nations
Leadership is about modelling	Nurses demonstrate leadership when they model learned beliefs and practices as they mentor other nurses.
Leadership is about integrity	Nurses demonstrate leadership when they consistently model integrity, an expectation of a leader.
Leaders guide vision	Nurse leaders focus on a professional and purposeful vision that provides direction to a compelling future. Nurse leader's actions are purposefully directed toward the vision.
Leaders are passionate	Passion expressed by the leader involves the ability to inspire and align people toward the promise of life. It is an inherent quality of the nurse leader.
Leaders have integrity	Nurse leaders possess integrity that is based on knowledge of self, honesty and maturity that is developed through experience and growth.
Leaders are self-aware	Nurse leaders are aware of their strengths and weaknesses. They use subordinate feedback to improve practices.
Leaders have common traits	Effective nurse leaders have the following common traits: Intelligence, self-confidence, integrity, determination, sociability, creativity, risk taking, self-knowledge, interpersonal and communication effectiveness, visionary, enthusiastic, supportive, knowledgeable, have high standards and expectations, value education and professional development, are visible and responsive, caring, respectable, trustworthy, flexible and takes the initiative.
Leaders are clear on communication	Shares the mission and vision of the service with others. Setting timeframes for tasks Being positive and open with their followers Establishing team building projects in the service Promoting research strategies in the service Operating within the legal/ ethical/ professional framework of the profession and country Using their listening skills Seek clarity and feedback from communication
Leaders are committed	Leaders are self-motivated, have inner norms and values, share success stories, knowledge and expertise, promote a good working

	environment and develop their people skills.
Leaders build self-image	Leaders increase self-awareness, uncover assumptions that limit their effectiveness, become autonomous individuals by acting on their values and purpose, use their awareness and inner will to harness their deepest resources.
Leaders maintain focus	Effective leaders stay focused on the outcomes and emphasise the vision, mission and strategic goals of the organisation
Leaders are authentic	Authentic leaders attract followers. They are always viewed as being themselves and followers know what to expect from them.
Courage	Leaders are constantly challenged by their team, customers and the public. They stand firm in the face of criticism and have the courage to admit when they are wrong.
Empathy	Effective leaders know how to listen empathetically, thus legitimising other's input. They promote consensus building and build strong teams. They coach others to do the same and create a culture of inclusiveness.
Timing	The single most critical facet is knowing when to make critical decisions and when not to. There is a time to be focused, authentic, courageous and empathetic but the incorrect timing of critical decisions can render the efforts useless.

Source: Kelly, 2012

Evaluation activities

1. Reflect on the leadership characteristics that effective leaders should possess, as highlighted by Kelly, 2012
    - Which 5 characteristics do you as a nurse manager consider to be your strengths? Reflect on the reasons you consider these to be your strengths.
    - Which 5 characteristics do you as a nurse manager consider to be your areas for development? Reflect on the reasons you consider these to be your areas for development. How can you convert this into strengths?

Strength	Reason
1.	
2.	
3.	
4	
5.	

Area for development	Reason	How can I convert this to a strength
1.		
2.		
3.		
4		
5.		

1.3 Leadership competencies

Knowledge, skills, abilities other characteristics, tasks, functions and competencies have become the building blocks of leadership development and selection. Competencies have become an important method of identifying the requirements of supervisory, managerial and leadership positions rather than job or task analysis techniques as competencies provide a general description of responsibilities associated across these positions. A leadership model that addresses traits, characteristics, attributes, task, function and behaviours is a holistic model and will be far more valuable to individuals embarking on leadership roles.

By establishing competencies for leaders, the goal is to clearly define what functions leaders must perform to make themselves and others in the organisation effective. Competency models serve as the roadmap to individual leader's success. The value

of competencies is in providing specific or sample actions and behaviours that demonstrates what leaders do to make them effective. The end goal of competency models should be to provide measurable actions and behaviours associated with leadership functions.

Leadership functions	Competency label	Definition	Behaviours
Performance	understanding the vision		
	Communicating the vision		
	Customer focus		
	Decision making		
	Problem solving		
	Conflict management		
	Workforce management systems		
	Performance appraisals		
	Financial management		
	Human resource management		
Working with others	Diversity management		
	Influencing others		
	Motivating others		
	Leading people and teams		
	Negotiating		
	Respecting others		
	Effective communication		
	Fostering teamwork		

	Building relationships		
	mentoring		
	Inspiring and empowering		
	Developing people		
Self	Emotional intelligence		
	Leading by example		
	Accountability & responsibility		
	professionalism		
	Integrity & honesty		
	Personal development		
	Assessing self		
	Aligning values		
	Personal leadership		
	Technical proficiency		

Source: Horey & Fallesen, 2012

Evaluation activity

1. Explain how a competency can be made meaningful to a leader so that it can be used both practically and theoretically.

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. Reflect on the competency labels provided in the table above
   - Outline the competencies that you as a leader feel that improvement is required.
   - Provide reasons for choosing these competencies.
   - Reflect on the behaviours that are required to ensure effectiveness in these competencies- refer to the diamond factor nursing leadership model
   - Document how these behaviours can be brought to life practically in the healthcare institution you are employed at.

Competency to improve	**Reasons**	**Bringing behaviours to life**

1.4 Leadership styles for nurse leaders

1.4.1 Servant leadership

This style of leadership was coined by Robert Greenleaf in the 1970's and describes leaders who influence and motivate others by building relationships and developing the skills of individual team members. Servant leaders address the needs of the individual team members. All the members of the team are given the opportunity to contribute to decision making. Devoted followers are created as leaders respond positively to members.

Table 1:4 Characteristics of a servant leader

Listening	foresight
acceptance	Commitment to the growth of others
awareness	Building community within the organisation
persuasion	

Source: Frandsen, 2014

1.4.2 Transformational leadership

This type of leadership is also based on building relationships and motivating staff members through a shared vision and mission. Transformational leaders are charismatic and are able to communicate the vision effectively. They have confidence to act in a way that inspires others. They obtain staff respect and loyalty by letting team members know that they are important to the organisation. They encourage and praise staff, thereby giving them the confidence to do things that they weren't sure they could do. Charisma is a special leadership style commonly associated with transformational leadership; extremely powerful, extremely hard to teach.

Creates and sustains a context that:

- Maximizes human and organizational capabilities;
- Facilitate multiple levels of transformation; and
- Align them with core values and unified purpose

1.4.3 Transactional leadership

- Emphasizes getting things done within the umbrella of the status quo
- In opposition to transformational leadership
- By the book" approach - the person works within the rules
- Commonly seen in large, bureaucratic organizations

1.4.4 Democratic leadership

The democratic leader shares certain characteristics with the transformational leader. This type of leader encourages open communication and staff participation in decision making. Workers are given responsibility, accountability and feedback regarding their performance. Relationships are important to this type of leader who places a focus on quality improvement of systems and processes, rather than on mistakes of individual team members.

Also known as participative style

- Encourages staff to be a part of the decision making
- Keeps staff informed about everything that affects their work and shares decision making and problem solving responsibilities.
- Allows staff to establish goals
- Encourages staff to grow on the job and be promoted
- Recognizes and encourages achievement
- Most successful when used with highly skilled or experienced staff or when implementing operational changes or resolving individual or group problems.

Most effective:

- To keep staff informed about matters that affect them.
- Wants staff to share in decision-making and problem-solving duties.
- Wants to provide opportunities for staff to develop a high sense of personal growth and job satisfaction.
- A large or complex problem that requires lots of input to solve
- Changes must be made or problems solved that affect staff
- Want to encourage team building and participation

Not effective when:

- Not enough time to get everyone's input
- Easier and more cost-effective for the manager to make the decision
- Can't afford mistakes
- Manager feels threatened by this type of leadership
- Staff safety is a critical concern

1.4.5 The autocratic Leader

This type of leader is also known as the authoritarian and this style is demonstrated when a leader makes all decisions without considering input and the opinions of staff. Negative reinforcement and punishment are used to enforce rules. This type of leader withholds critical information from the team as they are afraid to share knowledge. There is a culture of blame and poor tolerance for mistakes. This style of leadership has its place in emergency 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 team work. These leaders tend to micromanage employees.

The classical approach

• Manager retains as much power and decision making authority as possible
• Does not consult staff, nor allowed to give any input
• Staff expected to obey orders without receiving any explanations
• Structured set of rewards and punishments

Greatly criticized during the past 30 years

• Gen X staff highly resistant
• Autocratic leaders:
• Rely on threats and punishment to influence staff
• Do not trust staff
• Do not allow for employee input

Autocratic leadership has its place:

- New, untrained staff do not know which tasks to perform or which procedures to follow
- Effective supervision provided only through detailed orders and instructions
- Staff do not respond to any other leadership style
- Limited time in which to make a decision
- A manager's power challenged by staff
- Work needs to be coordinated with another department or organization

Should not be used when:

- Staff becomes tense, fearful, or resentful
- Staff expect their opinions heard
- Staff depend on their manager to make all their decisions
- Low staff morale, high turnover and absenteeism and work stoppage

1.4.6 The Bureaucratic Leader

Manages "by the book¨
Everything done according to procedure or policy
If not covered by the book, referred to the next level above

Most effective:

- Staff performing routine tasks over and over
- Staff need to understand certain standards or procedures.
- Safety or security training conducted
- Staff performing tasks that require handling cash

It is ineffective when:

- Work habits form that is hard to break, especially if they are no longer useful
- Staff lose their interest in their jobs and in their co-workers
- Staff do only what is expected of them and no more

1.4.7 Laissez-faire leadership

The leader provides little or no direction or supervision, and prefers to take hands off approach. The leader is very reluctant to make decisions and changes take place rarely. Quality improvement is reactive, rather than proactive. New, inexperienced leaders and those at the end of their careers often use this leadership style.

Also known as the “hands-off˙ style

• The manager provides little or no direction and gives staff as much freedom as possible

• All authority or power given to the staff and they determine goals, make decisions, and resolve problems on their own

Effective to use when:

- Staff highly skilled, experienced, and educated
- Staff have pride in their work and the drive to do it successfully on their own
- Outside experts, such as staff specialists or consultants used
- Staff trustworthy and experienced

Should not be used when:

- Staff feels insecure at the unavailability of a manager
- The manager cannot provide regular feedback to staff on how well they are doing
- Managers unable to thank staff for their good work
- The manager doesn’t understand his or her responsibilities and hoping the staff cover for him or her.

1.5 Choosing a suitable leadership style:

Three factors that influence which leadership style to use.

1. The manager’s personal background: What personality, knowledge, values, ethics, and experiences does the manager have? What does he or she think will work?

2. Staff being supervised: Individuals with different personalities and backgrounds. The leadership style used will vary depending upon the individual staff and what he or she will respond best to

3. The organization: The traditions, values, philosophy, and concerns of the organization influence how a manager acts

Evaluation activity

1. Reflect on the leadership style that you employ most often in your place of work and answer the following questions

- Are there challenges that you face when implementing this leadership style? Explain

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- How do you overcome these challenges on a day to day period?

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- What would assist you in adjusting/ adapting your leadership style to ensure that successful outcomes are achieved?

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1.6 Leadership traits

Table 1.5: Leadership traits

Source: Schermerhorn, 2010

Trait	**Explanation**
Drive	Successful leaders have high energy, display initiative and are tenacious
Self confidence	Successful leaders trust themselves and have confidence in their abilities
creativity	Successful leaders are creative and original in their thinking
Cognitive ability	Successful leaders have the intelligence to integrate and interpret information
Job relevant knowledge	Successful leaders know their industry and its technical foundation
Motivation	Successful leaders enjoy influencing others to achieve shared goals
Flexibility	Successful leaders adapt to fit the needs of followers and the demands of situations.
Honesty and integrity	Successful leaders are trustworthy; they are honest, predictable and dependable.
Emotional intelligence	Successful leaders are able to take charge of their emotions, even when their emotions are getting excited. They display a high level of maturity.

Evaluation activity

1. Describe the behaviours a leader must engage in to exhibit the leadership traits displayed in the table above.

Traits	**Behaviours**
Drive	
Self confidence	
Creativity	
Cognitive ability	
Job relevant knowledge	
Motivation	
Honesty and integrity	
Emotional intelligence	

1.7 Individual Differences Framework (IDF)

Leadership is defines as influencing people towards a shared goal. Each leader is unique and different factors lead to leadership effectiveness. These are more than certain characteristics. It also includes heredity characteristics (handed down genetically) and environmental factors (the setting in which individuals are raised or exposed to throughout their life. Environmental and social conditions can reinforce patterns that influence a leader's personality (Ricketts, 2011).

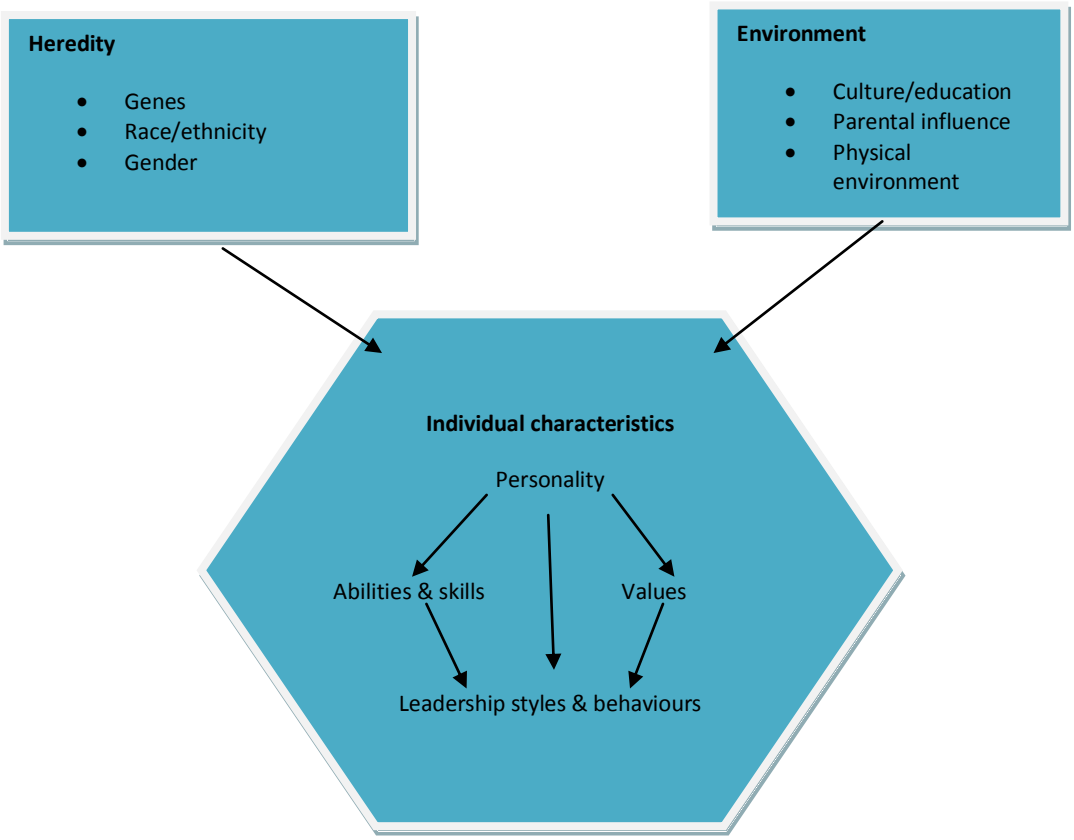

Figure 1.1 Individual Differences Framework (IDF)

Source: Nahavandi, 2006

1.7.1 Individual characteristics

1.7.1.1 Personality

This is considered to be a stable set of physical characteristics; these specific features are stable, although they do evolve gradually over time.

1.7.1.2 Values

These are stable, long lasting beliefs that are shaped early in life by parents, upbringing and culture. These characteristics uphold what we consider of value, worthwhile, desirable, right and wrong. It plays an essential role in decision making and problem solving.

1.7.1.3 Abilities and skills

This can be defined as an almost natural or acquired talent for doing something. Ability is natural with a certain degree of stability. Skills are acquired and change with training and experience. Leaders cannot be trained to develop ability but can be trained in leadership skills. Leaders with specific abilities should be recruited and hired so that they can be trained again to exhibit these desired skills

1.7.1.4 Leadership style and behaviours

The leader chooses the type of leadership style and behaviours that they will exhibit according to the situation they find themselves in. An effective leader is aware of the appropriate leadership style/ behaviour for the situation and understands the results of one's actions.

1.7.1.5 Behavioural range

This refers to a leader's normal range of personality and values (outside of his/ her IDF) exhibited in leadership roles. Individual characteristics tend to be stable; however leaders can behave in ways that are inconsistent with their personality and values. An example of this is a leader that prefers to delegate but finds her/ him in a situation where he/she needs to provide extensive guidance to new recruits. Being adaptable is challenging, therefore a leader must be familiar with his/her IDF and understand when you are working beyond your IDF.

1.7.2 Practical application of the Individual Differences Framework (IDF)

1. Within the Individual Differences Framework, ability and skills are a key factor within the leader's individual characteristics. Consider the statement "You cannot train leaders to develop ability, but you can train for leadership skills; therefore recruit and hire leaders with specific abilities and train them to exhibit the desired skills"

What specific abilities do you feel are important for you to possess to fulfil a leadership position in your healthcare organisation?

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2. Adapting to different leadership styles and behaviours may be challenging and cause some undue stress. Reflect on a time when you found it challenging to adapt to a certain leadership style to match the situation. What did you do and what was the outcome of your actions.

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Section B

2. The healthcare leadership model

2.1 The Diamond Factor Nursing Leadership Model

The model is in the shape of a diamond which is considered a durable & much sought after stone. It lends value to any piece of jewellery, making that piece marketable and attractive. The leader at the centre is considered the diamond as the model aims to groom the nurse manager into a leader that is valuable and an immense asset to the organisation. When diamonds are sourced, they are rough and not much to look at. However, when the processing is complete, they have made a remarkable transformation.

2.2 Who will benefit from this model?

This healthcare model can be used by both novice and experienced nurse managers who will be guided into identifying the leadership competencies they currently possess and the competencies that require development. Furthermore, the model guides nurse managers into adopting certain behaviours that enhances the success of leadership. It defines each competency and informs of the behaviours that should be displayed to bring the competency to life. The 360 degree feedback tool allows nurse managers to rate their leadership competencies. A high degree of honesty is required in order to develop areas that show lack. Subordinates can use the feedback tool to rate their line manager's leadership competencies. The nursing services manager must then go through all the results, together with the unit manager to get a clearer picture of the unit manager's strengths and areas of development. A discussion is held whereby the way forward is discussed. It is crucial that the 360 degree feedback tool is not used in isolation but rather in conjunction with discussions with the line manager, current performance and organisational goals. In this way bias can be removed and the development activities is tailored to suit the individual's needs. The nursing services manager must possess a positive outlook to this process as it is not punitive, neither is it fault finding. It is a tool that is used to develop leadership capability.

2.3 The structure:

Leading people is considered a vital aspect of successful leadership. Nurse managers manage people on a daily basis and this is in itself a complex task as people are different and complex. They each have different needs, perceptions and traits so knowing each one is a necessity. Leading people details the competencies of people development, inspiring the vision, a caring ethos, developing teamwork, motivation, and conflict management.

Leading the business is crucial to ensure that organisational goals are achieved, within the current challenges facing private healthcare. A nurse manager must know the business if he/she is to be successful as a leader. Leading the business details the competencies of knowledge of business processes, evaluating information and harmonising the service.

Leading self is considered essential for all nurse managers. They are role models to all nursing staff they encounter, who continuously look to them for inspiration, courage and the will to carry on amidst a turbulent environment. Leading self details the competencies of professionalism, personal characteristics, emotional intelligence, accountability and personal & professional development

Communication is a part of each of the dimensions discussed above. However, it is that important that it is separated in this model. The importance of communication is overlooked as part of an actual competency that leads to successful leadership; however it is the cornerstone of effective leadership. Communication deals with the behaviours and attributes necessary to get the message across clearly and without ambiguity.

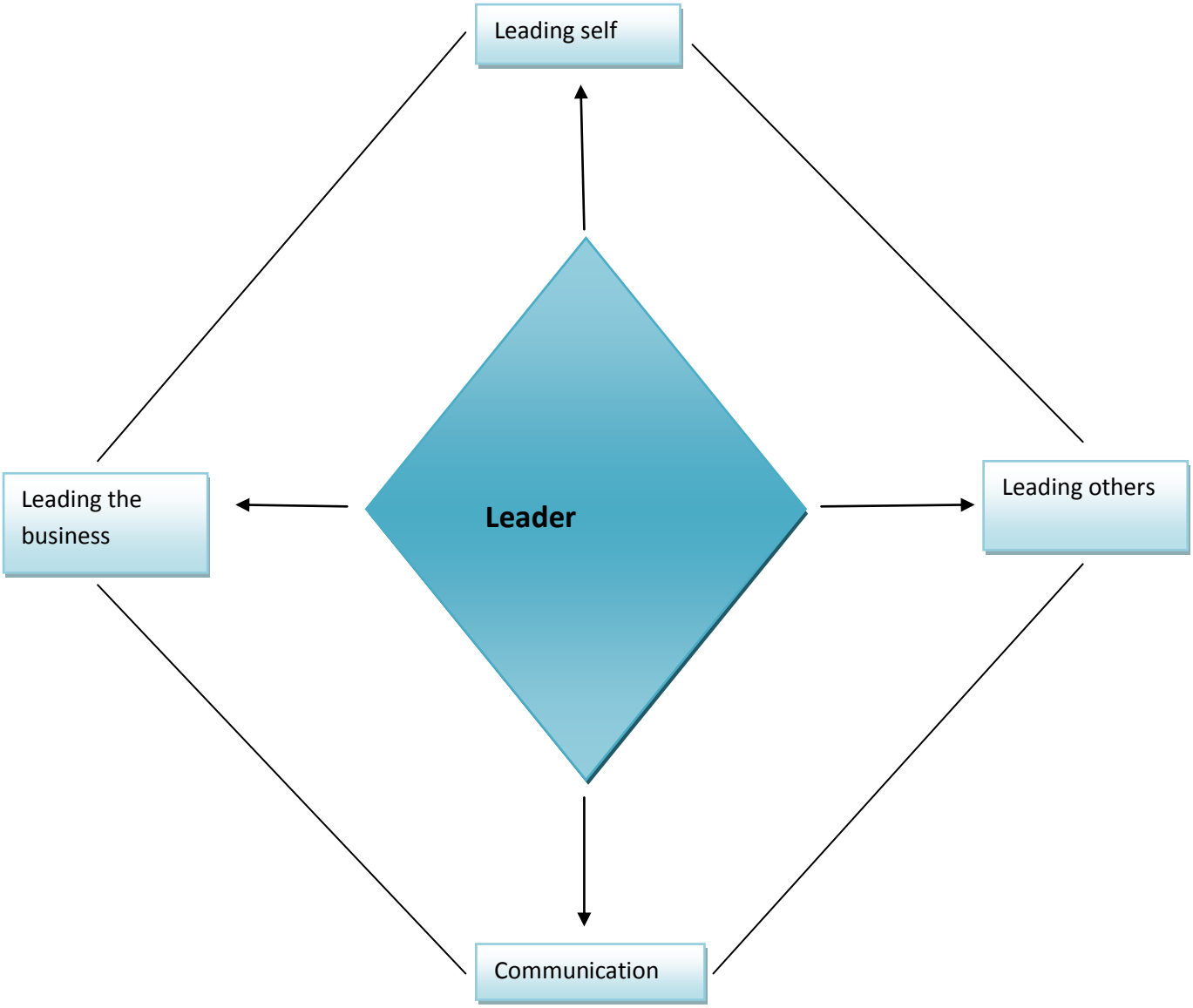

Figure 2.1: The diamond leadership model

Table 2.1: The essential competencies in healthcare

	Competency label	Definition	Behaviours
Leading the business	understanding the vision	Leaders take the time to internalise the vision and have a clear idea of what the future looks like	Familiarise yourself with the vision regularly Check your understanding of the vision with your colleagues and seniors Discuss what the vision means to you at strategic meetings Formulate goals around the vision Evaluate goals using the vision as the point of departure.
	Communicating the vision	Leaders ensure that all employees that report to them are aware of and clear on where the organisation sees itself in the future. Must be able to provide a vision, set the direction for the organisation and inspire others in order to deliver on the organisational mandate.	Nurse leaders focus on a professional and purposeful vision that provides direction to a compelling future. Nurse leader's actions are purposefully directed toward the vision. Effective leaders stay focused on the outcomes and emphasise the vision, mission and strategic goals of the organisation. Have frequent discussions with subordinates around the progress toward the vision. If progress is not made as expected, speak truthfully about this. Include the vision statement as opening lines in meetings. This will ensure focus is where it should be. Communicate the vision positively and with conviction. Role model the vision- your actions dictates what subordinates do and believe. Make the vision a possibility- emphasise small steps made towards making the vision a reality. Talk often about how the vision will be achieved. Include the multidisciplinary healthcare team and the outsourced services- they can assist in goal achievement. Don't be afraid to ask for subordinates clarity around the vision- everyone must have a shared understanding
	Competency label	**Definition**	**Behaviours**
	Live the values	Nurses exhibit leadership through their demonstration of cultural values that are embraced through individual belief systems. Nurses display their personal and professional values as they serve others	Caring: promoting health and healing Integrity: respecting the dignity and moral wholeness of every person Diversity: affirming the uniqueness of the differences among persons, values and ethnicities Excellence: creating and implementing transformative strategies with ingenuity Be a role model of the value system- subordinates are watchful of your actions. Speak about the value system. Tell people how to live the values.

	Customer focus	Must be willing and able to deliver services effectively and efficiently in order to put the spirit of customer service (Batho Pele) into practice. The ability to identify and respond to current and future customer's needs. The ability to provide excellent service to internal and external customers	Know your internal and external customers well. Have regular meetings with external customers to share a mutually beneficial relationship. Measure healthcare consumer satisfaction against existing benchmarks Prioritise areas that require improvement. Include everyone in plans to improve customer satisfaction. Demonstrate to staff how you put the patients first. Discuss pertinent issues with all concerned- include all categories of nursing and outsourced companies that have a bearing on customer satisfaction. Create internal measures to benchmark customer satisfaction. Measures done across the board may not be relevant to your healthcare setting. Communicate clearly the goals and plans of action in improving service.
	Decision making/judgement	Making good decisions expeditiously. The ability to make decisions and solve problems involving varied levels of complexity, ambiguity, and risk. The ability to think clearly and in an orderly fashion for decision making	Nurses demonstrate leadership when they make effective, evidence-based decisions. Nurses must be autonomous in their decision making and also work with other members of the health care team to assure the best care for patients. Make use of the resources that you have to reach the best decision Consult with experts in the field. Include the multidisciplinary team when applicable Assistance in decision making may come from the employees on the ground- include them when it involves direct patient care. Analyse the situation and prioritise decision making within the timeframe you have available. Do not stall on decision making. Do not second guess your decisions- staff lose trust in your decision making ability Weigh the pros and cons of each decision keeping in mind that patient safety is ultimately the goal.
	Problem solving & tact	Must be able to systematically identify, analyse and resolve existing and anticipated problems in order to reach optimum solutions in a timely manner. Dealing with people in a way	Utilise the steps in problem solving Go through available alternatives, noting the positives and the negatives. Consider the consequences of the alternatives Consult with people in the know, even those outside the boundaries of the organisation. Discuss direct patient related problems with subordinates that are involved in the everyday work.. Deal with problems immediately, Letting it fester makes it larger

		that maintains good relationships	
	Conflict management	The ability to prevent, manage, and/or resolve conflict and disagreements that may arise	Ensure that you take an unbiased approach Identify a conflict situation- be sensitive to small innuendos that may indicate conflict. Take action when faced with a conflict situation. Ignoring conflict leads to a breakdown in team. Allow all parties to have a say Allow them to come up with solutions. Do not fall into the trap of providing solutions. Mediate when necessary, encouraging an environment of respect. Provide deadlines for evaluation and keep to it.
	Workforce management systems incl technical skills	Knowledge and competence in the various systems and processes that are in place.	Ensure adequate training is received. Admit if you do not grasp any concept. Practice makes perfect- this analogy is relevant here. Make use of resources and experts in the field to improve techniques and knowledge of systems.
	Competency label	**Definition**	**Behaviours**
	Performance appraisals	Making sound and factual evaluations of an employee's job performance using job descriptions, scope of practice and organisational goals as measures of performance	They must be regular feedback sessions. Annual or biannual appraisals are inadequate. Start with positive feedback Be tactful with negative comments This is not an opportunity to bring up old, negative incidents- those must be dealt with as it happens Listen to employees viewpoints on their performance. Ask them how management can assist this- take notes as you go along but don't let note taking remove the personal aspect of one on one communication. Create a non-threatening environment where tact is displayed Formulate and set goals in consultation with the employee Set developmental goals (formal and informal) in consultation with employee Set dates for evaluation of goals, if applicable.
	Financial management	Must be able to compile and manage budgets, control cash flow, institute risk management and administer tender procurement processes in accordance with generally	Make a point of consulting with the financial manager on aspects that are complex in nature. Admit when you do not grasp concepts and seek help Attempt to analyse spreadsheets and check your understanding. Measure financial performance against benchmarks on a monthly basis. Be realistic in what cost cutting activities are feasible bearing in mind that patient safety cannot be jeopardised. Ensure optimum staffing levels and be in a

		recognised financial practices in order to ensure achievement of strategic organisational objectives	position to motivate if core levels change. Carry out research where applicable e.g. on new safety devices that may cost more but have greater benefits for the patient. Avoid looking only at monetary value.
	Competency label	**Definition**	**Behaviours**
	Human resource management	Involves all aspects of management of nursing personnel in terms of selection, recruitment, retention, reward and recognition, control of absenteeism, policies and procedures regarding conditions of employment	Have a sound knowledge of human resource processes e.g. the disciplinary and grievance procedures Consult with the HR manager for advice regarding basic conditions of employment. Take an area of human resource management and endeavour to learn something different weekly. Analyse sick leave and absenteeism trends and take necessary action Have meaningful conversations with employees that experience social problems that impact work. Contribute to a retention strategy, especially of scarce skills. Contribute to a reward and recognition programme to motivate and retain staff and productivity.
	Endurance & forward looking	Physical and mental stamina	Engage in an exercise regime. Consider starting one for employees during the lunch break. Focus on the positive even when things don't seem to be going well. Read motivational quotes if that provides you with motivation. Identify a motivational strategy and utilise it when required. Always reinforce the positive.
	Loyalty to the organisation	Devotion to one's work and organisation	Speak well of the organisation that employed you. Pursue the goals as though they are your personal goals. Utilise each day to its fullest. Protect the organisations assets by not divulging vital information to competitors.
	Analytical thinking	The ability to approach a problem by using a logical, systematic, sequential approach	Exclude emotions from the problem at hand. Consult with appropriate resources and literature that can assist. Break down the problem into segments, deal with each one objectively and then put the pieces together.
	Change leadership	Must be able to initiate and support organisational	Understand the reason for the change. Be positive about the change even if you don't entirely agree with it

		transformation and change in order to implement new initiatives successfully and deliver on service delivery commitments. One's capacity for positive impact on a group and the larger society. The ability to manage, lead, and enable the process of change and transition while helping others to deal with their effects	Communicate the change to subordinates in a way that is simple to understand. Check for understanding and ascertain how they feel about the impending change Ask them for suggestions in bringing about the change Change should happen in small segments, not radically. Evaluate the process of change Be sensitive to employee's insecurities and emotions since change represents the unknown. Tackle head on any reservation to or conflict arising from the change process.
	Project management	Must be able to plan, manage, monitor and evaluate specific activities in order to deliver the desired outputs	Select a team of individuals that share the goals of the project. Ascertain each individual's capability and delegate accordingly. Utilise team members to find innovative ways to problem solve. Set clear, measurable goals. Ascertain understanding of the goals and plan of action. Set time periods for evaluation and stick to this. Allow team members to offer input into attainment of various goals.
	Service delivery innovation	Must be able to explore and implement new ways of delivering services that contribute to improvement of organisational processes in order to achieve organisational goals	Conduct market related research to determine latest methods in service delivery. Create a value chain for delivery services- analyse the value each step adds. Determine which step can be modified or eliminated. Explore the lean principles of service delivery. Implement new strategies that are cost effective. Some risk taking is worthwhile.
Leading people	Competence	Having the necessary knowledge, ability or skill to carry out tasks.	Keep updated about the nursing profession. Join the forum for professional nurse leaders as a means to exert leadership influence. Build on technical competence- staff see you as a role model. Do not be afraid to ask questions if unsure about procedures.
	Diversity management	The ability to lead a group of people	Make a concerted effort to learn about the different cultures you work with.

		from various cultures, ethnicities, languages, demographics, socio economic standing, races and genders	Motivate for diversity training if not a priority at your organisation. Mix up the nursing shifts. Allow them to reach a mutual understanding of how to work. Address conflict arising from diversity head on. Get the people involved to discuss their issues. Allow staff to voice their concerns around working with other people & resolve to rectify the issues. Educate nurses about the diverse workplace. Use the morning handover as an opportunity for people to talk about their cultures and values.
	Influencing others	The power to change what somebody thinks, believes or does.	Remain optimistic, even if things are not going as planned. Show people how things must be done. Talking about it is not adequate. Tell people often how the vision can become a reality. Be a role model of what needs to be achieved. Be a visionary- paint a picture of the future that appeals to emotions.
	Motivating others	To make somebody want to do something. Providing a degree of inspiration that pushes people to achieve. Successful leaders enjoy influencing others to achieve shared goals.	Take time to learn people's names. Calling people by name makes them feel valued. Make time to thank staff for efforts towards achieving goals either informally or formally. Institute a reward & recognition programme that is cost effective e.g. a staff recognition board. Ensure that discipline is just and fair. Focus on the positive, while rectifying what is not going according to plan.
	Negotiating	To reach agreement/ consensus by talking and interacting with other people.	Keep emotions in check, even during heated debates that stir the emotions. Listen to the other party's concerns & suggestions. Resolve to meet the other party halfway where a win win situation is reached. Don't force the issue if the first round of negotiation doesn't work.
	Respecting others & caring	Respect is remaining polite to others irrespective of the situation. Caring is to do things for somebody that they need done.	Address people by names, as far as possible. Communicate in a way that is clear and easy to understand. Take time to ask people about how they are doing since nursing is a stressful profession. Carry out genuine acts of care- meet with staff that are going through difficult issues and discuss this with them. Maintain a calm tone, even when disciplining staff. Treat all categories of workers alike. Ask for their opinions and suggestions.
	Support in group tasks	To provide help and	Allow group members to participate and share ideas & opinions.

		encouragement in the tasks that are undertaken	Discuss pros and cons of ideas before writing them off. Make yourself available to offer support in a non-threatening way. Ensure that group goals are clear and understood by all. Evaluate progress towards goals periodically and communicate progress to team members.
	Fostering teamwork	Enhancing the ability of people to work collectively in a team to achieve common goals.	Get team members to conduct talks on teamwork. Plan team building exercises to get people to work together and form a common bond. Show staff that you are a team player by being visible and available to them. Mix up teams so that they get to know each other's pressures. Balance the team's strengths & weaknesses so that each shift delivers the same level of care.
	Building relationships	Fostering an environment whereby the multidisciplinary team have a mutual understanding of what is expected and the role each must play.	Make time to meet with outsourced companies to discuss pertinent issues. Meet with stakeholders regularly. Keep them updated with what is happening in the world of nursing. Meet with doctors informally, in the ward setting to ascertain how they perceive the level of care. Give regular feedback when necessary so that people trust your ability. Keep your promises. Do what you say you will do. It builds credibility.
	Mentoring & coaching	Utilising experienced people to advise and help those with less experience over a period of time.	Build a culture of mentorship and coaching Research the various models that can be used, if the organisation does not have a model available. Identify suitable people for mentoring using formal criteria. It removes the unfairness from the process. Ensure that there is a formal, structured mentorship programme in place that empowers mentors and coaches. Mentorship evaluation must be done at intervals to ascertain the value of the programme.
	Inspiring and empowering	Must be able to manage and encourage people, optimise their outputs and effectively manage relationships in order to achieve organisational goals.	Focus on positive strides made in providing safe clinical care. Talk openly about achievements regularly- don't wait for specific functions to talk about successes. Provide people with tools and resources required to perform their jobs. Challenge the status quo when it is hampering the achievement of goals. Remain assertive in the face of adversity- speak up for what you believe in, provided you have the facts at hand. Teach subordinates to have a voice and be

			heard.
	Developing people	The ability and willingness to delegate responsibility, work with others, and coach them to develop their capabilities	Understand the development needs of staff that report to you. Make provision for formal and informal training that meet these needs. Identify candidates for succession planning using a formal criteria checklist. Enrol these candidates in a formal succession plan that can be evaluated. Develop mentors and coaches that will guide others into achieving organisational goals. Identify people's strengths & weaknesses and utilise this in their development. Be tactful in persuading staff to reach their potential. Delegate according to employees capabilities
	Maintaining standards of performance	Sustaining the targets that have been met over a period of time.	Communicate clearly both verbally and non-verbally the required standards of performance. Reiterate the good work done by staff even when standards are maintained. Provide recognition not only for achieving standards, but also for maintaining standards.
	Empathy	The ability to understand how other people feel	Effective leaders know how to listen empathetically, thus legitimising other's input. They promote consensus building and build strong teams. They coach others to do the same and create a culture of inclusiveness.
	Justice & unselfishness	Practice of being fair and consistent. Avoidance of self-comfort at the expense of the comfort of others	Treat all employees alike- what you do for one must be done for another. Consistency is key. Get your hands dirty at times- show employees that no task in nursing is menial and irrelevant. Relieve staff for tea and lunch breaks. This allows them to take a break even when things are hectic. Be transparent in what you do. Staff must understand the reasons why things are done a certain way.
	Supportive & dependable	Instilling a feeling of trust in people that you can be counted on to do what they require of you.	Be available to talk and listen to staff that need your time. Do what you say you will do- it shows they can count on you. Refrain from making empty promises. Enquire about how a project/task is going. This shows interest and support. Allow staff to fight their battles, knowing that you are available to provide guidance.
	Fair minded & straight forward	Treating people equally or in the right way and to be honest and direct in your dealings with people	Apply the same set of rules to all subordinates. Tell the truth always. Be tactful when dealing with hard truths but tell it as it is. Advocate for nurses and nursing and speak out against pertinent issue like abuse in the workplace. Address people immediately- don't let bad situations fester for prolonged periods.

	Engaging with others	To keep others interested and participating in achieving the goals of the organisation.	Show genuine concern for the needs of staff. Empowering them by trusting them to take decisions. Listening to others' ideas and being willing to accommodate them. Finding time to discuss problems and issues despite being very busy. Supporting others by coaching and mentoring. Inspiring all staff to contribute fully to the work of the team. Actively promoting the achievements of the team to the outside world
	collaboration	The capacity to work with others in a group effort	Promote collaboration with other teams and support services. Make clear the goals that need to be achieved collectively. Discuss how one service compliments the other and stress the importance of each role. Share the rewards of achieved goals.
	Controversy with civility	One's ability to recognise the differences in viewpoint are inevitable, and then to navigate respectful solutions to those differences	Listen attentively to others viewpoints. Make a concerted effort to understand their point of departure. Keep your emotions in check, even if the situation is less than pleasant. Know when to terminate discussions and when to keep going. Maintain respect at all times. Be assertive in getting your points across in a diplomatic manner.
Leading self	Emotional intelligence	Maintaining control of one's emotions irrespective of the situation one finds themselves in.	Nurse leaders are aware of their strengths and weaknesses. They use subordinate feedback to improve practices. Leaders increase self-awareness, uncover assumptions that limit their effectiveness, become autonomous individuals by acting on their values and purpose, use their awareness and inner will to harness their deepest resources. Are able to view a situation for what it is without getting emotionally embroiled in it. Displays a high degree of self-awareness- has a superior understanding of themselves as individuals. Is diplomatic when dealing with others, even when feelings are ruffled.
	Leading by example	Is a role model to subordinates of what needs to be achieved and how.	Clearly and consistently displays the behaviour expected from staff in all aspects of the job, from punctuality to dress code.
	Accountability & responsibility	Being answerable for your actions and ensuring that subordinates are also answerable for	Accept responsibility when things go wrong- don't look to blame others. Pass credit to others. Don't bask in the glory on your own. Hold others accountable for their actions.

		their actions.	See projects to the end. Don't play the blame game when things don't go according to plan. Specify and prioritise what is expected of individuals Make tasks meaningful and link them to organisational goals Sets clear standards for behaviour as well as for achieving tasks Champion a mindset for high ambition
	Professionalism & personal development	Displaying characteristics that show you are well skilled and competent in your area of expertise.	Adhere to applicable policies, procedures and regulations at all times. Attend seminars and workshops that inform about updates and improvements in the profession. Network with relevant people that add value to the nursing profession. Develop yourself regularly, either formally and informally.
	Integrity & honesty	Successful leaders are trustworthy; they are honest, predictable and dependable.	Nurses demonstrate leadership when they consistently model integrity, an expectation of a leader Must be able to display and build the highest standards of ethical and moral conduct in order to promote confidence and trust in the healthcare service. Nurse leaders possess integrity that is based on knowledge of self, honesty and maturity that is developed through experience and growth
	Assessing self	The ability to honestly rate your own leadership competencies against set criteria/ standards	Conduct honest self-assessments on your leadership competencies to get a true reflection of your leadership capabilities. Take notes on areas that require development. Take active measures, together with your line manager to work on these areas. Perform evaluations quarterly to track progress. Emphasise your strengths- put them up for you to read and motivate yourself.
	Technical proficiency	The ability to display competency in all areas of work that have a technical component.	Understand your role in the technical aspects of work. Identify resources that can assist you e.g. The IT department. Ask questions and clarify till you achieve understanding- it inspires followers to ask for clarity. Admit when you don't understand concepts- it makes you human. People relate well when they perceive you to be "human"
	Knowledge management	Successful leaders know their industry and its technical foundation. Must be able to promote the generation and sharing of	Nurses demonstrate leadership when they show competence and mastery in the tasks they perform. Nurses are deemed competent by means of a licence to practice nursing (SANC, 2015) Nurses demonstrate leadership by continuing to increase and improve their knowledge and

		knowledge and learning in order to enhance the collective knowledge of the organisation	expertise
	Social & interpersonal skills	Displaying socially acceptable and endearing skills that allow people to feel comfortable in your presence.	Stay polite everyday. Make it a lifestyle. Treat everyone with the respect they deserve- from the cleaner to the General manager Make a concerted effort to understand each subordinates job and what they go through in the course of their daily life. Treat everyone as equals.
	Ethical conduct	Performing acts and behaviours that is morally correct and good.	Have a clear understanding of what is right and wrong in the healthcare environment. Don't take the easy way out if you know that something is wrong. Speak strongly against things that are done incorrectly without attacking people personally. Discuss ethical issues at meetings and resolve to find the way forward. Acknowledge when someone approaches you with ethical dilemmas & make every effort to resolve it. Support staff in reporting behaviour that is deemed unethical Display ethical behaviour consistently- people are watching.
	Physical energy	Displaying a sufficient level of physical energy in the workplace that is evident by the way you carry yourself out.	Walk around with purpose and vigour. Do not walk around slumped and despondent. Engage in an exercise programme- it will promote wellbeing as well. Optimise your health- subordinate's role model your behaviour.
	Creativity & innovation	are creative and original in their thinking	Encourage new ideas that are "out of the box" Take risks- try new ideas even though they may have risk attached to them, as long as patient safety is not compromised. Engage the team in coming up with creative solutions to problems. Do not discard ideas simply because you did not think of them.
	Maturity & cultured	Behaving in a sensible way that highlights an adult way of thinking.	Understand and accept that not everyone will like you or like the way you do things- do not let that make you adopt a childish, get even behaviour. Stay focussed on the job at hand. Discipline when appropriate and counsel when appropriate. Get the buy in from subordinates- do not fall into the trap of blaming management when change is

			implemented.
	Initiative & determination	Taking action with or without orders. Sincere involvement in work	Encourage subordinates to take the initiative by creating an environment where initiative is rewarded. Analyse trends and pick up issues early on and act to resolve them. Stay ahead of the pack- be the first to identify problems and develop plans in collaboration with others. See plans through to the end. Don't always leave it up to others to complete projects. Remember they still need the support of the leader.
	Courageous & daring	Calmness while recognising fear	Leaders are constantly challenged by their team, customers and the public. They stand firm in the face of criticism and have the courage to admit when they are wrong. Speak up when you have all the facts at hand. Stand up for staff when they are treated unfairly. Take up their cause if it is justified. Push back when the service is being taken advantage of and asked to do things that fall out of their domain.
	Commitment	The psychic energy that motivates one to serve, even during challenging times	Leaders are self-motivated, have inner norms and values, share success stories, knowledge and expertise, promote a good working environment and develop their people skills. Speak highly of the profession and the organisation you work for. It allows others to strive for commitment.
	Drive	Successful leaders have high energy, display initiative and are tenacious	Adopt a never say die attitude- it will take you through many a difficult day. Display the organisational goals where it is visible to you and your team. Pursue the goals and take the team along. Everyone in the professional should be familiar with the goals. Ask questions about the goals- the more involved people are, the more action they take toward achievement.
	Self confidence	Successful leaders trust themselves and are assured of their abilities	Speak with self-confidence. People know when you don't believe what you are saying as true. Gather enough information about the issue at hand- knowledge increases self-confidence. Do not be afraid to speak your thoughts, provided they are rational and coherent. Be confident enough to admit when you don't know enough about the issue. Lying about what you know decreases subordinates confidence in you.
	Cognitive ability	Successful leaders have the intelligence to integrate and	Teach people how to analyse and interpret information- sharing knowledge makes you credible. Read about the profession. Keeping updated

		interpret information	with current happenings keeps you ahead of the pack. Use the science of quality improvement to measure improvement.
	flexibility	Successful leaders adapt to fit the needs of followers and the demands of situations	Identify the areas where you can exercise flexibility. Be flexible in your thinking- policies are only a guide, they do not dictate how things must be done. Look for simpler ways to do things. Cut out things that make work more complex than it should be. Guide staff into adopting a flexible mindset by sharing your rationale with them. Rethink the benefits of routine and adopt a flexible approach to patient care.
Communication		The ability to listen to others and communicate in an effective manner. The ability to communicate ideas, thoughts, and facts in writing. The ability/skill to use correct grammar, correct spelling, sentence and document structure, accepted document formatting, and special literary techniques to communicate a message in writing.	Shares the mission and vision of the service with others. Setting timeframes for tasks Being positive and open with their followers Listening effectively Avoid the use of jargon Have knowledge of employee's education levels and simplify communication appropriately. Ascertain understanding of what has been discussed by asking questions Seek clarity and feedback from communication Shares the mission and vision of the service with others. Have regular meetings with employees to share goals, objectives and plans of action. Ensure that the night staff are privy to all communication either via a communication book, one on one communication or messages relayed by the night manager. Be positive and open with employees. Use different methods of communication appropriately e.g. progress toward goals can be depicted on a run chart posted in the nursing unit. Allow others the opportunity to speak, giving them adequate time to voice their opinions.

Source: Kouzes and B.Z. Posner, 2011; Hurley & Brown, 2010; Watson & Reissner, 2010; Rosch et al, 2012; Horey & Fallesen, 2014

Appendix A

Self-assessment tool for nurse managers

This questionnaire is made up of 3 headings leading the business, leading others and leading self. There are several leadership competency statements under each heading. You are required to rate your leadership competencies using the Likert rating scale. The options range from strongly agree to strongly disagree. Please place an “x” in the appropriate column.

Please rate your ability to **lead the business**

Competency	Strongly agree	agree	Neither agree or disagree	disagree	Strongly disagree
Understanding and communicating the vision					
I understand the vision clearly and completely					
I familiarise myself with the vision at regular intervals					
I communicate the vision to my subordinates regularly and in a way that they understand					
I formulate goals from the vision statement					
I discuss the progress toward the vision with my subordinates					
My actions bring the vision to life					
I ensure that the multidisciplinary team is aware of our vision and goals					
I help subordinates to see the vision as achievable by describing the path we need to take					
Living the values					
I live and promote the values of the organisation					
I talk to my team regularly about upholding the values					
Customer satisfaction					
I measure customer satisfaction against benchmarks and take action to improve on areas that require improvement.					
I discuss customer satisfaction with my team and allow them to contribute ideas to enhance customer satisfaction.					
I include the multidisciplinary team in efforts to improve customer satisfaction					
I ensure everyone is aware of the					

goals we set in terms of customer satisfaction					
Decision making & problem solving					
I know what I need to make well-judged decisions					
I consult with appropriate resources to make evidence based decisions					
I prioritise decision making and make timely decisions					
I include the team in decision making & problem solving, where it directly affects patient care					
I examine the pros and cons of options before I rush to a decision					
I am familiar with the steps in problem solving & utilise this when confronted with a problem					
Conflict management					
I identify conflict situations quickly and act to resolve it					
I remain unbiased in the face of conflict					
I allow each party to have their say and come up with their own solutions					
I set deadlines for assessing progress toward conflict resolution					
Performance management					
I speak to staff regularly about their performance and do not wait for formal performance appraisal meetings					
I give positive feedback first and reiterate to staff the value of their contributions					
I set goals in collaboration with the employee and ensure that there is a shared understanding					
I listen to employee's viewpoints and opinions and use this to identify strengths and weaknesses					
I set dates for evaluating progress and stick to these timeframes					
Change leadership					
I embrace change positively even if I have not bought into it completely					
I communicate the change to subordinates in a way that they can understand					
I consult with subordinates about the change and listen to their viewpoints, opinions and					

suggestions					
I take their concerns to a higher level so that consensus can be reached					
I check for subordinate understanding about the change to ensure that everyone has a shared understanding					

Please rate your ability **to lead others**

Competency	**Strongly agree**	**agree**	**Neither agree or disagree**	**disagree**	**Strongly disagree**
Diversity management					
I have attended some sort of diversity training					
I make a concerted effort to learn about the different cultures I work with.					
I diversify the different teams so that they have a mutual understanding of how to work with each other.					
I create opportunities whereby staff can educate each other about the different cultures so that they have a better understanding of each other.					
I treat everyone with respect irrespective of their culture and ethnicity					
Influencing and motivating others					
I remain optimistic even when things are not going as planned					
I act as a role model for belief in and commitment to the service					
I enable my team to see the wider meaning in what they do					
I am respectful in all circumstances					
I listen to different views					
I share issues and information with my team so that they are updated with what's happening					
I make of point of learning staff member's names and address them accordingly					
I thank staff personally for achievements and accomplishments that benefit the team and the organisation					
I am part of a reward and					

recognition programme that uses innovative ways to reward staff					
Caring for others					
I notice negative emotions in the team and act to put the situation right					
My actions demonstrate that that the health and wellbeing of the team are important to me					
I carry out genuine acts of kindness for my team					
I act with appropriate empathy toward my team					
I take time to have meaningful conversations with my team					
I regularly ask my team about what is not working on ground level					
I use their input and suggestions to improve the service and give them credit where it is due.					
Fostering teamwork					
I plan simple team build exercises at least twice a year and include members of the multidisciplinary team					
I am available and visible to my team					
I balance each team's strengths and weaknesses so that they all deliver a similar standard of care.					
I make time to meet with outsourced companies to discuss issues and how we can complement each other					
I meet with stakeholders regularly to discuss pertinent issues and keep them updated with the happenings in nursing					
I provide timeous feedback when required					
I keep the promises that I make					
Mentoring and coaching					
I provide long term mentoring and coaching					
I have attended a formal mentorship programme					
I continuously build a culture for mentorship and coaching					
I make use of formal criteria to identify people that will be suitable mentors and coaches					

There is a formal mentorship programme for would be mentors					
Inspiring and empowering					
I focus on the positive strides we make in patient safety and achieving goals					
I talk openly and proudly about our achievements					
I ensure that my team has the resources required to do the job					
I have the courage to challenge beyond my boundaries even when it may involve personal risk					
I take the initiative and responsibility to put things right outside my boundaries if I see others fearing to act					
I support my team when they question the way things are done					
I remain assertive in the face of adversity					
I teach subordinates to have a voice and be heard					
People development					
I provide developmental opportunities for my team through experience and formal training					
I explore career aspirations for my team and shape developmental activities to support them					
I encourage my team to take responsibility for their own development					
I identify suitable candidates for succession planning and follow through with a formal programme					
I delegate to the team based on their competence, level of training and capabilities.					
Engaging with others					
I am transparent in all my undertakings with my team					
I allow staff to fight their battles but they know that they have my support when needed					
I treat all staff the same way with					

the same rules applying to all					
I am tactful but truthful					
I trust staff to make decisions					
I inspire all staff to contribute fully to the work of the team					
I display confidence and integrity under criticism					
I encourage team members to get to know each other's pressures so that everyone cooperates to provide a seamless service					
I ask for contributions from the team to raise their engagement					
I stretch the team so they deliver the best they can					
I promote collaboration with other teams and support services					

Please rate your ability to **lead self**

Competency	**Strongly agree**	**agree**	**Neither agree nor disagree**	**disagree**	**Strongly disagree**
Emotional intelligence					
I am aware of my strengths and areas that require development					
I use feedback on my performance constructively to bring about the required change					
I display a high degree of self-awareness in everyday life					
I can view a situation for what it is without getting emotionally embroiled in it					
I am diplomatic in dealing with others, even when my emotions have been aroused					
I develop and present well-reasoned arguments					
I consistently display the behaviour I expect from my team					
Accountability and responsibility					
I take personal responsibility for my own performance					
I specify what is expected of the team					
I ensure that goals are specific, measurable, time bound and					

realistic					
I act quickly to manage poor performance					
I make tasks meaningful and link them to organisational goals					
I champion a mindset of high ambition for me and the team					
I accept responsibility when things go wrong and don't seek to blame others					
I hold my team accountable for their actions					
Personal characteristics					
I display the highest level of moral and ethical conduct at all times					
I make a concerted effort to understand what each team member's job entails and the pressures they face					
I speak strongly against things that are done incorrectly, without personally attacking anyone					
I walk around with purpose and vigour					
I take care of my physical wellbeing by engaging in some form of physical exercise					
I promote creativity and innovation in my team and myself					
I remain mature and cultured in the face of adversity					
I take the initiative to solve issues and encourage my team to do the same					
I analyse trends and act quickly to prevent problems					
I am courageous and daring even when the odds are stacked against me					
I am committed and self-motivated and inspire my team to do the same					
I have high energy and drive and inspire my team to emulate the same					
I am self-confident and assured of my abilities					
I display flexibility in my approach so that we can work effectively with people in the organisation					

Self-development					
I keep updated with the happenings in my profession					
I look for opportunities to develop myself and learn things outside of my comfort zone					
I network with relevant people that add value to the nursing profession					
I honestly rate my leadership competencies against set criteria					
I am technically proficient but ask for assistance when required					
I continuously strive to increase my knowledge and expertise					

Please rate your ability to **communicate**

Competency	**Strongly agree**	**agree**	**Neither agree nor disagree**	**disagree**	**Strongly disagree**
Communication					
I hand over effectively to others					
I communicate honestly, appropriately and at the right time with people on all levels					
I break down things and explain clearly					
I explain controversial and complex plans in a way that different groups can hear, understand and accept					
I avoid jargon and express myself clearly					
I adapt my communication to the needs of the team					
I seek clarity and feedback from communication					
I ensure that the night staff are made aware of all important communication					
I use both verbal and non-verbal communication to get the message across					
I listen to others without interrupting					
I allow others adequate time and space to volunteer their concerns and ideas					

Annexure B

360 degree assessment tool to rate nurse managers leadership competencies

This questionnaire is made up of 3 headings leading the business, leading others and leading self. There are several leadership competency statements under each heading. You are required to rate your line manager's leadership competencies using the Likert rating scale. The options range from strongly agree to strongly disagree. Please place an "x" in the appropriate column.

Please rate your line manager's ability to **lead the business**

Competency	Strongly agree	agree	Neither agree or disagree	disagree	Strongly disagree
Understanding and communicating the vision					
My line manager understands the vision clearly and completely					
My line manager familiarises herself with the vision at regular intervals					
My line manager communicates the vision to the team regularly and in a way that we understand					
My line manager formulates goals from the vision statement					
My line manager discusses the progress toward the vision with our team					
My line manager's actions bring the vision to life					
My line manager ensures that the multidisciplinary team is aware of our vision and goals					
My line manager helps subordinates to see the vision as achievable by describing the path we need to take					
Living the values					
My line manager lives and promotes the values of the organisation					
My line manager talks to our team regularly about upholding the values					
Customer satisfaction					
My line manager measures customer satisfaction against benchmarks and take action to improve on areas that require improvement.					

My line manager discusses customer satisfaction with our team and allows them to contribute ideas to enhance customer satisfaction.					
My line manager includes the multidisciplinary team in efforts to improve customer satisfaction					
My line manager ensures everyone is aware of the goals we set in terms of customer satisfaction					
Decision making & problem solving					
My line manager knows what he/she needs to make well-judged decisions					
My line manager consults with appropriate resources to make evidence based decisions					
My line manager prioritises decision making and makes timely decisions					
My line manager includes the team in decision making & problem solving, where it directly affects patient care					
My line manager examines the pros and cons of options before he/she rushes to a decision					
My line manager is familiar with the steps in problem solving & utilises this when confronted with a problem					
Conflict management					
My line manager identifies conflict situations quickly and acts to resolve it					
My line manager remains unbiased in the face of conflict					
My line manager allows each party to have their say and come up with their own solutions					
My line manager sets deadlines for assessing progress toward conflict resolution					
Performance management					
My line manager speaks to me regularly about my performance and does not wait for formal performance appraisal meetings					
My line manager gives positive feedback first and reiterates to the team the value of our contributions					
My line manager sets goals in collaboration with the me and					

ensures that there is a shared understanding					
My line manager listens to employee's viewpoints and opinions and uses this to identify strengths and weaknesses					
My line manager sets dates for evaluating progress and sticks to these timeframes					
Change leadership					
My line manager embraces change positively even if he/she has not bought into it completely					
My line manager communicates the change to subordinates in a way that we can understand					
My line manager consults with subordinates about the change and listen to our viewpoints, opinions and suggestions					
My line manager takes our concerns to a higher level so that consensus can be reached					
My line manager checks our understanding about the change to ensure that everyone has a shared understanding					

Please rate your line manager's ability **to lead others**

Competency	**Strongly agree**	**agree**	**Neither agree or disagree**	**disagree**	**Strongly disagree**
Diversity management					
My line manager makes a concerted effort to learn about the different cultures he/she works with.					
My line manager diversifies the different teams so that we have a mutual understanding of how to work with each other.					
My line manager creates opportunities whereby staff can educate each other about the different cultures so that we have a better understanding of each other.					
My line manager treats everyone with respect irrespective of their culture and ethnicity					
Influencing and motivating					

others					
My line manager remains optimistic even when things are not going as planned					
My line manager acts as a role model for belief in and commitment to the service					
My line manager enables our team to see the wider meaning in what we do					
My line manager is respectful in all circumstances					
My line manager listens to different views					
My line manager shares issues and information with our team so that we are updated with what's happening					
My line manager makes a point of learning staff member's names and address us accordingly					
My line manager thanks us personally for achievements and accomplishments that benefit our team and the organisation					
My line manager is a part of a reward and recognition programme that uses innovative ways to reward staff					
Caring for others					
My line manager notices negative emotions in the team and acts to put the situation right					
My line manager's actions demonstrate that that the health and wellbeing of our team are important to him/her					
My line manager carries out genuine acts of kindness for our team					
My line manager acts with appropriate empathy toward our team					
My line manager takes time to have meaningful conversations with our team					
My line manager regularly asks our team about what is not working on ground level					
My line manager uses our team's input and suggestions to improve the service and give us					

credit where it is due.					
Fostering teamwork					
My line manager plans simple team build exercises at least twice a year and includes members of the multidisciplinary team					
My line manager is available and visible to our team					
My line manager balances each team's strengths and weaknesses so that we all deliver a similar standard of care.					
My line manager makes time to meet with outsourced companies to discuss issues and how we can complement each other					
My line manager meets with stakeholders regularly to discuss pertinent issues and keep them updated with the happenings in nursing					
My line manager provides timeous feedback when required					
My line manager keeps the promises that he/she makes					
Mentoring and coaching					
My line manager provides long term mentoring and coaching					
My line manager continuously builds a culture for mentorship and coaching					
My line manager makes use of formal criteria to identify people that will be suitable mentors and coaches					
Inspiring and empowering					
My line manager focuses on the positive strides we make in patient safety and achieving goals					
My line manager talks openly and proudly about our achievements					
My line manager ensures that my team has the resources required to do the job					
My line manager has the courage to challenge beyond his/her boundaries even when it may involve personal risk					
My line manager takes the					

initiative and responsibility to put things right outside his/her boundaries if he/she sees others fearing to act					
My line manager supports our team when we question the way things are done					
My line manager remains assertive in the face of adversity					
My line manager teaches subordinates to have a voice and be heard					
People development					
My line manager provides developmental opportunities for our team through experience and formal training					
My line manager explores career aspirations for our team and shapes developmental activities to support us					
My line manager encourages our team to take responsibility for our own development					
My line manager identifies suitable candidates for succession planning and follows through with a formal programme					
My line manager delegates to the team based on their competence, level of training and capabilities.					
Engaging with others					
My line manager is transparent in all his/her undertakings with our team					
My line manager allows us to fight our battles but we know that we have his/her support when needed					
My line manager treats all staff the same way with the same rules applying to all					
My line manager is tactful but truthful					
My line manager trusts us to make decisions					
My line manager inspires all staff to contribute fully to the work of the team					
My line manager displays confidence and integrity under					

criticism					
My line manager encourages team members to get to know each other's pressures so that everyone cooperates to provide a seamless service					
My line manager asks for contributions from our team to raise our engagement					
My line manager stretches the team so we deliver the best we can					
My line manager promotes collaboration with other teams and support services					

Please rate your line manager's ability to **lead self**

Competency	**Strongly agree**	**agree**	**Neither agree nor disagree**	**disagree**	**Strongly disagree**
Emotional intelligence					
My line manager is aware of his/her strengths and areas that require development					
My line manager uses feedback on his/her performance constructively to bring about the required change					
My line manager displays a high degree of self-awareness in everyday life					
My line manager can view a situation for what it is without getting emotionally embroiled in it					
My line manager is diplomatic in dealing with others, even when his/her emotions have been aroused					
My line manager develops and presents well-reasoned arguments					
My line manager consistently displays the behaviour he/she expects from our team					
Accountability and responsibility					
My line manager takes personal responsibility for his/her own performance					
My line manager specifies what					

is expected of our team					
My line manager ensures that goals are specific, measurable, time bound and realistic					
My line manager acts quickly to manage poor performance					
My line manager makes tasks meaningful and links them to organisational goals					
My line manager champions a mind-set of high ambition for me and the team					
My line manager accepts responsibility when things go wrong and doesn't seek to blame others					
My line manager holds our team accountable for our actions					
Personal characteristics					
My line manager displays the highest level of moral and ethical conduct at all times					
My line manager makes a concerted effort to understand what each team member's job entails and the pressures we face					
My line manager speaks strongly against things that are done incorrectly, without personally attacking anyone					
My line manager walks around with purpose and vigour					
My line manager takes care of his/her physical wellbeing					
My line manager promotes creativity and innovation in me and our team					
My line manager remains mature and cultured in the face of adversity					
My line manager takes the initiative to solve issues and encourages our team to do the same					
My line manager analyses trends and acts quickly to prevent problems					
My line manager is courageous and daring even when the odds are stacked against his/her					
My line manager is committed and self-motivated and inspires					

our team to do the same					
My line manager has high energy and drive and inspires our team to emulate the same					
My line manager is self-confident and assured of his/her abilities					
My line manager displays flexibility in his/her approach so that we can work effectively with people in the organisation					
Self-development					
My line manager keeps updated with the happenings in our profession					
My line manager looks for opportunities to develop him/herself and learns things outside of his/her comfort zone					
My line manager networks with relevant people that add value to the nursing profession					
My line manager is technically proficient but asks for assistance when required					
My line manager continuously strives to increase his/her knowledge and expertise					

Please rate your ability to **communicate**

Competency	**Strongly agree**	**agree**	**Neither agree nor disagree**	**disagree**	**Strongly disagree**
Communication					
My line manager hands over effectively to others					
My line manager communicates honestly, appropriately and at the right time with people on all levels					
My line manager breaks down things and explains clearly					
My line manager explains controversial and complex plans in a way that different groups can hear, understand and accept					
My line manager avoids jargon and expresses him/herself clearly					
My line manager adapts					

his/her communication to the needs of the team					
My line manager seeks clarity and feedback from communication					
My line manager ensures that the night staff are made aware of all important communication					
My line manager uses both verbal and non-verbal communication to get the message across					
My line manager listens to me without interrupting					
My line manager allows others adequate time and space to volunteer their concerns and ideas					

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