Commentary

Congruent leadership: values in action

DAVID STANLEY NursD, MScHS, BA Ng, Dip HE (Nursing), RN, RM, TF, Gerontic Cert

Senior Lecturer, *Curtin University of Technology, School of Nursing and Midwifery, Perth, WA, Australia*

Correspondence
David Stanley
School of Nursing and Midwifery
GPO Box U1987
Perth
WA 6845
Australia
E-mail: d.stanley@curtin.edu.au

STANLEY D. (2008) *Journal of Nursing Management* **16**, 519–524
Congruent leadership: values in action

Aim(s) To discuss the significance of an appropriate leadership theory in order to develop an understanding of clinical leadership.
Background Leadership theories developed from management and related paradigms, particularly transformational leadership, may be ineffective in supporting nurses to gain insights into clinical leadership or to develop and implement clinical leadership skills. Instead, congruent leadership theory, based on a match between the clinical leaders' actions and their values and beliefs about care and nursing, may offer a more firm theoretical foundation on which clinical nurses can build an understanding of and capacity to implement clinical leadership or become clinical leaders.
Evaluation The information used is drawn from the contemporary literature and a study conducted by the author.
Key issue(s) Leadership can be better understood when an appropriate theoretical foundation is employed.
Conclusions With regard to clinical leadership, congruent leadership is proposed as the most appropriate theory.
Implications for nursing management It is important to recognize that leadership theories based on a management paradigm may not be appropriate for all clinical applications. Education should be aimed specifically at clinical leaders, recognizing that clinical leaders are followed not for their vision or creativity (even if they demonstrate these), but because they translate their values and beliefs about care into action.

Keywords: clinical leadership, congruent leadership, leadership theories, nursing leadership

Accepted for publication: 22 January 2008

Introduction

Clinical leadership is best understood if our knowledge and insights of it are based on a theoretical foundation or a paradigm specifically related to clinical leadership. This paper discusses why current leadership theory, particularly transformational leadership, is inadequate for helping nurses understand or develop clinical leadership capabilities. It also outlines the new theory of 'congruent leadership' that has developed from

significant and sound research undertaken in the clinical setting, to offer a theory that can better support and develop nurses' understanding of clinical leadership.

Background

Rafferty (1993, p. 25) undertook a review of nursing leadership approaches for the then Kings Fund Centre and recommended that, 'more attention needed to be paid to leadership training, management development

and clinical leadership'. For that reason, clinical nurse leadership has slowly become more prominent as an aspect of nursing leadership study.

This has coincided with more research and literature about the theories and concepts of nursing leadership and a great deal has been achieved. However, much of the research and literature has supported the exploration of leadership within what Antrobus and Kitson (1999, p. 751), call the, 'academic, political and management domains'. Numerous studies or articles (McKeown & Thompson 1999, Antrobus & Kitson 1999, Rafferty 1993, Kitson 2001, Beech 2002, Firth 2002, Jasper 2002, Faugire & Woolnough 2003) have focused on nursing leaders who hold senior levels within organizations, nursing divisions, wards and/or departments. Although clinical leadership is often mentioned, it is rarely the subject of research because of its low status (Antrobus & Kitson 1999) when compared with the academic, political and management domains. For this reason, the uniqueness of clinical leadership has remained largely unrecognized and under-valued. Research specifically focusing on clinical leadership is sparse and the term 'clinical leadership' is used interchangeably and inappropriately, alongside or in conjunction with the term 'nursing management' or 'nursing leadership' (Lett 2002). This problem is compounded because 'nursing leadership' and 'nursing management' are also commonly used as interchangeable concepts and much of the literature related to nursing leadership was developed to support nurses in management positions or with management responsibilities. This has meant that literature and research to support one concept (e.g. nursing management) has been accepted as transferable when seeking insights or understanding of the related areas. However, it is argued that this is not the case and clinical leadership and management are clearly different concepts (Stanley 2006d).

Therefore, more needs to be done to outline what clinical nurse leadership is and frame it so that clinical nurses can recognize it in themselves and their colleagues, as they work towards developing their skills as clinical nurse leaders.

Nursing actions, assessments, plans, interventions and evaluations of care are best instituted and understood if they are based on a theory that supports their most effective deployment. These theories offer a core philosophical foundation and a common basis for understanding. In many cases nursing curriculums, health care delivery systems and patterns of care are developed in keeping with a particular philosophical view or conceptual framework. Nursing theories, such as Nightingale's Environmental Theory, Orem's General Theory of Nursing, Roy's Adaption Model, Watson's Human Caring Theory and many others (Berman *et al.* 2008), have been developed to support and help nurses understand the rationale behind a particular approach to patient care. Nursing theories therefore, help nurses contextualize their practice, giving it meaning and a foundation, or a base on which they can build their care and develop therapeutic relationships with their clients or patients.

Likewise, clinical leadership is best explained, understood and implemented if it is based on a theory that also supports its most effective deployment. In research undertaken on clinical leadership between 2001 and 2005 (Stanley 2006a,b,c) it became apparent that conventional leadership theories failed to adequately describe or offer a framework within which nurses could recognize the attributes, characteristics and qualities associated with clinical leadership.

To really understand clinical leadership and support nurses to develop and implement clinical leadership characteristics, what is required is the development of a more suitable theory. Current nursing leadership development is based on contemporary leadership theories and frameworks, most of which have grown from the management domain. These theories, frameworks and models have developed from and are best suited to business and management functions, but appear to be simply superimposed on nursing and clinical nursing activities. Research into the characteristics, theories and practice underpinning clinical leadership (Stanley 2006a,b,c) suggested that current leadership theories may not be the most effective or appropriate models to employ.

Leadership theories

There are a number of prominent leadership theories identified in relation to nursing leadership (and nursing management). These include, transformational leadership, transactional leadership, authentic leadership, contingency theory, servant leadership and others, but to a lesser degree. Of these, the most commonly sited as a theory capable of supporting nurses' insights into clinical leadership is transformational leadership.

Transformational leadership is a theory where the interdependence of followers and leaders is linked. As such, it has found favour in care-related and teaching fields. According to Welford (2002, p. 9) 'transformational leadership is arguably the most favourable leadership theory for clinical nursing in the general medical or surgical ward setting'. Thyer (2003, p. 73) also feels it is 'ideologically suited to nurses'; Sofarelli and Brown (1998) indicate that it is a suitable leadership approach

for empowering nurses, while the NHS Confederation (1999) indicated that transformational leadership is in their view, best suited to modern leadership of the NHS. Transformational leadership is strongly connected to the process of addressing the needs of followers, so that the process of interaction increases the motivation and energy of others (Bass 1990).

Transformational leadership is seen as a process that changes and transforms individuals (Northouse 2004). It involves emotions, motives, ethics, long-term goals and an exceptional form of influence that moves followers to accomplish more than is usually expected of them, incorporating both charismatic and visionary leadership (Northouse 2004). It involves setting directions, establishing a vision, developing people, organizing and building relationships. According to Bennis and Nanus (1985) its deployment requires vision, effective communication, trust and self-knowledge.

For these reasons, transformational leadership has gained favour in health-related literature because it is related to the establishment of a vision and adaptation to change.

Clinical leader characteristics

In an extensive study of clinical leaders' attributes and characteristics (the features that identified them as clinical leaders) between 2001 and 2005 (Stanley 2006a,b,c), it was found that characteristics generally associated with transformational leadership (specifically creativity and vision) were not prominent on the list of characteristics that followers (i.e. nurses in a range of clinical settings) or clinical leaders identified.

This omission from the list of clinical leaders' identifiable characteristics brings into question the suitability of transformational leadership theory to explain or support their role and function. It also brings into the question the promotion of transformational leadership (Finlay 1998, Bowles & Bowles 2000, Welford 2002, Thyer 2003) as the best suited theory for understanding and developing future clinical nurse leaders.

However, if clinical nurse leadership and clinical nurse leaders are to be understood and supported, identifying the attributes with which they are associated is vital. The characteristics and attributes identified in this author's study (Stanley 2006a,b,c), clearly indicated that clinical nurse leaders appeared to be chosen because they display the attributes and qualities shown in Figure 1.

Clinical leaders were identifiable and recognized by their colleagues because of where they stood and how they behaved when dealing with patients and colleagues. When facing challenges in the clinical arena

- Approachable and open
- Seen to be displaying their values and beliefs (they lived out what they believed to be important to them. They know were they stand and hold fast to their guiding principles)
- Effective communicators
- Positive clinical role models
- Empowered / Decision makers
- Visible
- Clinically competent and clinically knowledgeable (usually within the specific area in which they work)

Figure 1
Characteristics of clinical leaders.

they were recognizable because they displayed their principles about the quality of care. They dealt with patients in a 'hands on' fashion, living out their values in the actions of clinical care. They stood apart from novice clinicians, poor decision-makers, staff who were 'hidebound' and managers who were tied up with other functions and those who were less visible in the clinical environment. Many were experts in their clinical field, but they were identified and recognized not necessarily because of their expert practice. When faced with challenges and critical problems, their actions were directed, and their leadership was defined, by the values and beliefs they held about care, nursing and respect for others.

The study results prompted a fresh look at clinical leadership. It was imagined that clinical leaders would fit the description of a transformational leader. That they would be seen as enthusiastic, motivated, creative and visionary. They would have elaborate visions of where they wanted care to go and their colleagues, inspired by the clinical leader's descriptions of these visions, were willing followers.

Nursing has looked for, and to, leaders with their eye on the horizon; leaders who are academically, politically and managerially aware; visionaries who can take the profession forward (Rafferty 1993, Antrobus & Kitson 1999). However, the research sited here placed clinical leaders at all levels of nursing. Individuals were often not even aware that they were identified as clinical leaders and they were nominated specifically because of their passion for patient care and high quality nursing, not their vision. They were seen as motivational, enthusiastic and strongly connected to the process of addressing the needs of followers and, in this sense, reflected elements of transformational leadership. However, clinical leadership and clinical leaders appeared at odds with the principle aspects of transformational leadership, where the transformational leader possessed an idealized influence, inspirational motivation and a vision of some future state (Bass 1985, 1990). Therefore, a gap appeared to exist between the aspects identified with

transformational leadership and the reality and attributes associated with clinical leaders.

Results from this Stanley's (2006a,b,c) study, where 'doing' rather than 'creating' was valued, indicated that transformational leadership may, in fact, fail to fulfil its promise as a suitable leadership theory for nurses. Being 'visionary' was not regarded as a quality or characteristic strongly associated with clinical leadership, and as a result of the grounded theory research approach (Glaser & Strauss 1969, Glaser 1992) taken with the study, congruent leadership was proposed as a new framework that satisfied and demonstrated all the qualities and characteristics recognized as attributable to clinical leaders. It also met the need of clinical nurse leaders to be seen and valued for the often invisible, but vital contribution they make.

Congruent leadership

Congruent leadership can be seen when the activities, actions and deeds of the leader are matched by and driven by a leader's values and beliefs about (in this case) care and nursing. Congruent leaders may have a vision and idea about where they want to go, but this is not why they are followed. Congruent leadership is based on the leader's values, beliefs and principles. It is about where the leader stands, not where they are going. Congruent leaders are motivational, inspirational, organized, and effective communicators and relationship builders. Congruent leaders are often found throughout an organization's structure and they are commonly not in managerial positions.

For clinical leaders, who are at the bedside, based in clinics, community care environments, and hospital wards and units, congruent leadership may offer a better theoretical framework to explain how and why they function.

Transformational leadership appears to resonate with nurses who occupy positions assigned as leadership or management, where they have hierarchical power, titled positions or fulfil a leadership role as an expectation of their job description. Change, goals and targets are built into the post.

However, congruent leaders appear to be guided by passion, compassion and by qualities of heart. They build enduring relationships with others, stand the test of their principles and they are more concerned with empowering others, than with their own power or their own prestige. Congruent leadership explains why and how nurses and other non-titled leaders at all levels can function and be effective without formal influence. A clinical leader summed this up saying:

'Honesty, loyalty, passion, integrity, those sort of things are probably more important... years ago when I was less experienced I would have said knowledge would have been oh, right up there, but because of the way I have changed, I don't think that this is necessarily so any more... these other qualities out-weigh them.'

The interviews with clinical leaders, and with nurses talking about what they looked for in a clinical leader, indicate that not all leadership is about changing people's vision of the future. Some leaders lead because they demonstrate where their values lie and are followed because others identify with them and stand with them. This is reinforced by the following comments:

'I think you've got to have respect for that person because of the way they nurse, you identify with them, identify with the way they nurse and agree with that.'

'I am not only able to empathize with patients and their relatives, but with staff as well... trying to think "What would they be going through?"... It makes my ability to communicate with them much better.'

'I think people know that I am quite passionate about what I do and I also like to support others to be... erm... to achieve the best they can achieve and very strongly centred on patient care and good standards of care.'

Manley's (2000a,b) study offers other insights in accord with these assertions. Manley looked at her role as a nurse consultant leading a small intensive care team. Her study makes it clear that she led with her values first and was successful as a clinical leader because her values were demonstrated for others to see. Her values were supported and matched by her actions and this congruence formed the basis for her success as a clinical leader. Manley (2000b, p. 34) recognized that her leadership brought about 'cultural change' because her values were used to 'highlight the contradiction between espoused culture and culture in practice'. Respondents in Manley's (2000b) research indicated that they were influenced more by her actions than by her vision. One said, 'the enthusiasm of the consultant nurse incited enthusiasm in myself'. Manley (2000b) supported practitioners to become aware of their own values and beliefs and helped in this process by allowing others to see and recognize her own values and beliefs, and how they supported a change in the culture of the ward.

Discussion

If nursing is to develop effective nursing leaders, it needs to do so without loosing the core values and principles that guide nursing. Congruent leadership establishes a foundation from which all good or effective nursing leaders can start, because it grounds the leaders principles within the core values of the nursing profession and ensures that the dominant cultural narrative of nursing is one of patient-centred care, with nursing values and care-centred attributes placed ahead of those associated with the dominant groups of managers and physicians. Transformational leaders, in an effort to achieve their vision, may at times move from positions of influence and power to positions of control, in an effort to achieve their goals. Unwittingly, in doing so, they run the risk of loosing their connection to their core values and guiding principles, or at best become embroiled in a state of conflict as their managerial (controlling) demands conflict with their professional, and often personal, desire to remain focused on patient care.

Congruent leadership is not power neutral and the power of congruent leadership comes from unifying groups and individuals around common values and beliefs. This is not a strategy as such, but the results from the research (Stanley 2006a,b,c) appear to demonstrate that nurses seek out or follow clinical leaders who are more inclined to display or hold values and beliefs that they themselves hold. Manley too, found that as she displayed her values and beliefs others began to share them, and the clinical area united as colleagues began to identify with the common purpose of 'providing patient centred care' (Manley 2000b, p. 38). One of the statements made by a participant in Manley's research supports this by saying, 'sometimes I feel like an evangelist trying to spread the word to other people in other areas' (Manley 2000b, p. 37).

In relation to transformational leadership, power and influence arise from being able to articulate a vision that is accepted and acted upon by the majority of the followers. The leader is held in high regard because they are trusted and because their own self-belief is evident. Change is the goal and as the new vision is worked towards the leader is able to take the followers forward. In relation to congruent leadership, the leader's power and influence is derived from being able to articulate and display his/her values, beliefs and principles. Followers and others recognize or align themselves with these same values or beliefs. This supports and promotes these values and beliefs, increases the leader's credibility and worth, and promotes the significance of 'this' leaders values and beliefs over any others. Change, although often not the intention, results when new values and beliefs are displayed, promoted and then adopted.

Understanding and promoting clinical leadership depends on grounding nurses' insights in a theory that nurses can identify with and relate to. It is argued here that clinical leaders employ congruent leadership as it is based on their ability to live out their values and beliefs in their actions, on being approachable and open, because they are effective communicators, positive clinical role models, empowered decision makers, visible in clinical practice and are seen as clinically competent and clinically knowledgeable.

Conclusion

Theories are vital if common understanding is to prevail. They act like foundations on which understanding, explanation and implementation are built and in the case of clinical leadership, it has been suggested that contemporary theories of leadership, in particular transformational leadership theory, fail to offer a foundation capable of supporting and building nurses' understanding of clinical leadership.

It is proposed instead that the successful development of clinical leadership rests on the development of the theory of congruent leadership, that is based on leaders who respond to challenges and critical problems with actions and activities in accordance with (congruent with) their values and beliefs.

Implications for nursing management

- It is important to recognize that leadership/management theories developed for management and business may not be a 'best fit' for clinical nursing practice and clinical leadership.
- More attention should be paid to how to promote leadership education aimed specifically at clinical leaders at all levels of an organization and make the educational content specific to the learners/practitioners (i.e. include congruent leadership).
- It is vital to recognize that bedside leaders (in clinical practice) are followed not for their vision or creativity (even if they demonstrate these), but because they translate their values and beliefs about care, nursing and respect into action. They can be the heart of an organization, ward or unit and they need their managers' support and understanding to remain focused on their values.

References

Antrobus S. & Kitson A. (1999) Nursing Leadership: influencing and shaping health policy and nursing practice. *Journal of Advanced Nursing* **29** (3), 746–753.

Bass B.M. (1985) *Leadership and Performance Beyond Expectations*. Free Press, New York, NY.

Bass B.M. (1990) From transactional to transformational leadership: learning to share the vision. *Organisational Dynamics* **18**, 19–31.

Beech M. (2002) Leaders or managers: the drive for effective leadership. *Nursing Standard* **16** (30), 35–36.

Bennis W. & Nanus B. (1985) *Leaders: The Strategies for Taking Charge*. Harper and Row, New York, NY.

Berman A., Snyder S., Kozier B. & Erb G. (2008) *Kozier and Eeb's Fundamentals of Nursing: Concepts, Processes and Practice*, 8th edn. Pearson, Upper Saddle River, NJ.

Bowles A. & Bowles N.B. (2000) A comparative study of transformational leadership in nursing development units and conventional clinical settings. *Journal of Nursing Management* **8**, 69–76.

Faugire J. & Woolnough H. (2003) Lessons from LEO. *Nursing Management* **10** (2), 22–28.

Finlay L.D. (1998) Susan J. Quaal: the global and local impact of a transformational leaders. *Journal of Cardiovascular Nursing* **12** (2), 88–93.

Firth K. (2002) Ward leadership: balancing the clinical and managerial roles. *Professional Nurse* **17** (8), 486–489.

Glaser B.G. (1992) *Basics of Grounded Theory Analysis*. Sociology Press, Mill Valley, CA.

Glaser B.G. & Strauss A.L. (1969). *The Discovery of Grounded Theory*. Aldine Publishing, New York, NY.

Jasper M. (Ed) (2002) nursing roles and nursing leadership in the new NHS – changing hats same heads. *Journal of Nursing Management* **10**, 63–64.

Kitson A. (2001) Nursing leadership: bringing caring back to the future. *Quality in Health care* **10**(Suppl 11), ii79–ii84.

Lett M. (2002) The concept of clinical leadership. *Contemporary Nurse* **12** (1), 16–20.

Manley K. (2000a) Organisational culture and consultant nurse outcomes. Part 1. Organisational culture. *Nursing Standard* **14** (36), 34–38.

Manley K. (2000b) Organisational culture and consultant nurse outcomes. Part 2. Nurse Outcomes. *Nursing Standard* **14** (37), 34–39.

McKeown C. & Thompson J. (1999) Learning the art of management. *Nursing Management* **6** (5), 8–11.

NHS Confederation (1999) *Consultation: The Modern values of Leadership and Management in the NHS. The NHS Confederation and The Nuffield Trust*. NHS Confederation, London.

Northouse P.G. (2004) *Leadership: Theory and Practice*, 3rd edn. Sage Publications, London.

Rafferty A.M. (1993) *Leading Questions: A Discussion Paper on the Issues of Nurse Leadership*. Kings Fund Centre, London.

Sofarelli D. & Brown D. (1998) The need for nursing leadership in uncertain times. *Journal of Nursing Management* **6**, 201–207.

Stanley D. (2006a) In command of care: clinical leadership explored. *Journal of Research in Nursing* **2** (1), 20–39.

Stanley D. (2006b) In command of care: toward the theory of clinical leadership. *Journal of Research in Nursing* **2** (2), 132–144.

Stanley D. (2006c) Recognising and defining clinical nurse leaders. *British Journal of Nursing* **15** (2), 108–111.

Stanley D. (2006d) Role conflict: leaders and managers. *Nursing Management* **13** (5), 31–37.

Thyer G. (2003) Dare to be different: transformational leadership may hold the key to reducing the nursing shortage. *Journal of Nursing Management* **11**, 73–79.

Welford C. (2002) Matching theory to practice. *Nursing Management* **9** (4), 7–11.