Leadership Styles and Factors in Effective Staff Motivation

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Introduction

Effective leadership is undoubtedly a pivotal component of successful organizations. Both formally and informally, leaders play a foundational role in driving positive change, guiding professional development, and motivating staff towards improved performance. This is particularly important within clinical settings where units frequently have a multitude of nurses and other healthcare professionals all working interdependently to provide competent patient care. With the constant change inherent to the current nursing climate, this environment of variability demands competent leaders who understand multiple leadership theories and styles (Scully, 2014). One nursing scholar described nursing leaders as essential forces to maintain adaptability, establish direction, align interprofessional teams, motivate colleagues towards a shared vision, and retain competitiveness despite current economic and technological challenges facing the profession (Scully, 2014).

However, of all these functions, perhaps one of the most important roles of nursing leaders are to inspire and motivate staff towards common goals and drive positive professional development. Motivated employees have a powerful impact on the success, efficiency and culture of healthcare organizations. They are driven, both by internal and external factors, to exceed in tasks and continually improve themselves towards better care delivery. Propelling staff towards these goals and establishing a culture of positive motivation should be a primary function of nursing leaders. As one study reported, "work motivation is essential for enhancing the professional roles of nurses, strengthening the professional image, improving the health care system and increasing the quality of care and health of the individual and community" (Kantek, Yildirim & Kavla, 2013).

It is therefore imperative for nursing leaders to not only understand leadership theories and the different styles, but to also consider factors in staff motivation and use these insights to

further inspire and shape workforces within their sphere of influence. Through an analysis of the various leadership theories and styles, a comprehensive discussion of leadership potential in nursing will be examined. Additionally, theories of staff motivation will be evaluated and applied in nursing situations to discuss how future nursing leaders can better understand motivation and use this to influence their workforces.

Leadership Theories and Primary Styles

Every leader has their own style, or more correctly, their own mix of styles that are unique to their experiences, personality, past training, environment and staff dynamics. These styles are the way in which leaders influence staff, and it is now common that leaders utilize multiple approaches rather than a one-size-fits-all method (Khan et al., 2015). Knowing this, leaders must not only develop their understanding of each style, but more importantly also gain awareness of when to utilize particular approaches.

The three overarching leadership styles frequently seen are the classical approach of autocratic/transactional leadership, the teamwork approach of democratic/transformational leadership, and the distanced approach of laissez-faire leadership (Giltinane, 2013). One of the primary differences between each style is the emphasis on performance or people, with autocratic/transactional and democratic/transformational at opposite ends of the spectrum. This emphasis dictates how the leader will operate, what they prioritize, how they interact with staff, and importantly for the later discussion, how they motivate staff.

Autocratic, or sometimes called transactional leadership, is seen when one central figure makes all decisions, with minimal to no consideration of staff input (Khan et al., 2015). This is strictly a top-down power structure with a heavy emphasis on performance goals (Fiaz, Amir & Saquib, 2017). As such, this leader maintains as much power as possible and directly executes

authority related to policies, procedures for meeting targets, work tasks, relationships, and distribution of rewards or punishments (Fiaz, Amir & Saquib, 2017). In fact, because knowledge can be seen as power, information may even be withheld from the team to maintain control (AANAC, 2014). Typically, communication is poor, teamwork is minimal, punishment may be used when mistakes occur, and threats may be used to ensure staff do their jobs efficiently within the rules (AANAC, 2014). Both the leader and staff receive something through this transactional style: the leader getting tasks completed, and the staff earning some benefit like money, promotion, or other incentives (Scully, 2014).

Khan et al. outline the advantages of this style, such as increased situational control, discipline over workers, short discussions, and group members knowing their roles and tasks. However, they describe the disadvantages of this style as promoting staff defiance, lack of free choice, lack of trust, low staff confidence, rivalry among co-workers, limited independence, and lack of staff initiative (2015). Autocratic leadership is therefore useful in high stress, emergency situations with minimal decision-making time, or during policy and procedure enforcement for public safety on hospital units (AANAC, 2014). It is also useful when employee competence is low or in poorly managed areas (Brennen, 2002). Situations where it would not be useful is when employees become resentful, they want their opinions heard, morale is low, or when turnover and absenteeism are consistently seen (Khan et al., 2015). An example of this style is when the emergency department charge nurse quickly delegates out tasks to trauma nurses for care of a high-risk patient. The charge nurse makes decisions themselves without group input due to the limited timeframe.

At the opposite spectrum is a leadership style that focuses heavily on people goals, the democratic or transformational style. This approach involves employees in the decision-making processes and encourages co-operation and group participation (Fiaz et al., 2017). There is a

greater focus on professional development that encourages team building and collective improvement. This type of leader develops and sells a vision for the future, builds strong employee morale and challenges the status quo (Vidic & Burton, 2011). They do this through the ability to engage team members in decision-making processes, delegating power, inspiring staff confidence and respect, communicating effectively, encouraging staff, and developing potential in employees (Sfantou et al., 2017; AANAC, 2014). Nursing leaders that effectively utilize this style can establish a culture of patient safety and elevate staff beyond the basic level of competence to reach excellence in patient care (Scully, 2014).

The benefits of democratic leadership are self-sufficient employees, motivated workforces, varied ideas, strengthened public interest, enhanced creativity, freedom of opinions, equal rights, and staff confidence (Khan et al., 2015). On the contrary, disadvantages include excess time consumption through getting multiple opinions, varied results dependent on age and maturity of workers, indecision where optimal solutions are not present, and difficulty in appeasing all employees (Khan et al., 2015). This type of leadership is useful when staff have high competence, during periods when leaders have time to adequately engage workers, and when addressing group problems (Brennen, 2002). Transformational leadership can also be very effective during times of change, growth and crisis when innovative ideas and motivated workforces are especially needed (Vidic & Burton, 2011). In fact, many nursing researchers advocate for the prevalence of democratic and transformational styles during daily operations (Scully, 2014). This allows development of interpersonal relationships and fosters a team-based dynamic that is resilient during change and functions well within an interdisciplinary atmosphere. However, this style should not be used in cases when limited timeframes prevent adequate staff input, employee safety is of concern, or it is easier for the manager to make a simple decision (Khan et al., 2015). An example of democratic and transformational leadership is

when a nursing manager is considering increasing the patient load to 5 patients per nurse, and they consult the unit nurses to hear their opinions and concerns. After making a decision, the manager may also utilize this team dynamic to develop innovative ideas for how to implement the changes while optimizing unit efficiency and patient safety.

The final leadership type is laissez-faire, in which the leader provides little to no oversight for staff and maintains a hands-off style that focuses neither on performance nor people (Sfontou et al., 2017). Fiaz et al. describe that this leader maintains a low profile and avoids causing disturbances in the workforce (2017). Staff are left to determine goals, make decisions, and resolve problems on their own (Khan et al., 2015). This leader rarely makes changes from the status quo, and quality improvement is almost always in response to problems rather than in anticipation of them (AANAC, 2014). If problems cannot be solved by employees, then the leader steps in as a last resort.

The positive aspects of this leadership style include staff freedom to make decisions, negligent supervisory burden on employees, limited preparation for the leader, and staff maintenance of their own social structures (Khan et al., 2015). Disadvantages for laissez-faire leadership are numerous and include misuse of rules, staff overstepping their authority, no responsibility, no accountability, no staff drive to improve, lack of initiative, no teamwork atmosphere, and limited tolerance of other employees (Khan et al., 2015). This style is most effective for highly competent and motivated individuals that can work independently, for situations where outside experts are being consulted, or where outcomes have very low significance (Brennen, 2002). This style should not be used when availability of the manager is necessary, employees need regular feedback and appreciation, or when the manager does not understand their own responsibilities (Khan et al., 2015). An example of this leadership type is

when the manager lets the nursing staff decide how they will alter patient loads and co-ordinate breaks during a short-staffed shift.

Theories in Staff Motivation and Defining Factors

Employee motivation drives a workforce to achieve shared goals and excel in the execution of their tasks. As such, staff motivation is and always will be a significant factor for leadership to address. Unmotivated employees create negative outcomes for organizations through poor quality work, minimal initiative, and higher employee turnover (Amabile, 2001). In the nursing field, research shows that low staff motivation decreases service quality, lowers a patient's desire to return for care, and increases operational costs (Kantek, Yildirim & Kavla, 2013). On the other hand, motivated staff will consistently be productive in producing exceptional work and show increased creativity, drive and potential (Amabile, 2001). Nursing leaders should always strive to produce highly motivated employees, and a thorough understanding of motivational theory and factors are necessary.

One of the foundational theories in work motivation is the Herzberg motivator-hygiene model. In this framework, motivation is divided into 'motivator' factors, which involve the work itself, and 'hygiene' factors, which involve the surrounding context (Buble, Juras & Matic, 2014). For example, motivator factors may include autonomy in work, satisfaction, and responsibility, while hygiene factors can be compensation, work conditions, benefits, and security (Amabile, 2001). Herzberg's model has led to multiple downstream theories, most significantly the concept of intrinsic and extrinsic motivation. Employees are said to be intrinsically motivated when activities are done for the inherent satisfaction rather than external pressures or rewards (Ryan & Deci, 2000). Intrinsic factors can include interest in the work, satisfaction in completing tasks, and positive feelings from accomplishments (Kantek, Yildirim

& Kavla, 2013). Intrinsic motivation at work can be enhanced by enriching tasks through

increasing skill variety, task identity (meaning of the work), task significance (importance of the

work), autonomy, and feedback (Amabile, 2001). Conversely, extrinsic motivation is when

external forces or expectations drive completion of a task, usually resulting in social rewards

(Buble, Juras & Matic, 2014). Extrinsic factors may include things like compensation,

promotion, job security, and work environment (Kantek, Yildirim & Kavla, 2013). Both factors

are important for motivation, and like in Herzberg's model, leaders should strive to maximize

both intrinsic (motivator) and extrinsic (hygiene) components (Amabile, 2001).

 Although both sides of motivation are involved, each will have different subjective

impacts on the staff's desire to work, their performance quality, and their perceptions about the

job (Amabile, 2001). With that in mind, leaders must recognize the uniqueness of employees and

realize that all staff will not value certain intrinsic and extrinsic motivators to an equal degree.

For example, one nurse might be driven primarily through compensation, while another is most

driven by feelings of accomplishment. Human motivation should be viewed as an intricate

system of interactions between persons, their environments, and the subjective value of different

types of motivators (Amabile, 2001). This system is dynamic and can shift dependent on life

factors and professional changes. For example, one nursing study on motivation found that the

primary intrinsic and extrinsic motivational factors for nurses were different depending on age,

duration of professional experience, and institutional experience (Kantek, Yildirim & Kavla,

2013). Certain types of leadership that focus heavily on personal interactions, such as the

democratic and transformational styles, can utilize these deeper interpersonal relationships to

learn what individual staff value. To this regard, Kantek, Yildirim & Kavla write "[leaders]

should investigate employees' goals, needs and expectations, the reasons that force them to

behave in particular ways, and the job environments in order to develop strategies to ensure they

maintain their positive attitudes" (2013). This knowledge can not only help leaders inspire individual staff, but also guide them in understanding motivation for different generations of employees.

Despite the uniqueness of motivational factors between staff, there are some common trends seen in nursing research that can guide leaders. A study into nursing settings have ranked achievements, remuneration, co-workers, and job attributes as the driving factors for staff motivation (Lambrou, Kontodimopoulos & Niakas, 2010). As the top motivator, achievements are an intrinsic factor that includes delegation of authority, recognition, opportunities for promotion, and job enrichment (Lambrou, Kontodimopoulos & Niakas, 2010). In another study, Kantek, Yildirim & Kavla analyzed clinical settings and found that status, authority, mentoring others, and physical environment ranked highest for motivation (2013). Overall, it is clear that both intrinsic and extrinsic factors are important to understand. Using these findings as a starting point for fostering motivation will guide leaders in the right direction to positively impact their staff.

Significance of Leadership and Motivational Theory to Nursing Practice

On a nursing unit, there are a multitude of different professionals all working together, but that does not mean they work well as a team or are all working towards the same common goals. The AANAC recognize that the success of these teams are dependent upon the abilities of nursing leaders, and their capacity to motivate others (2014). As the next generation of nurse graduates, I am entering a new period of life where my successful future will be dependent upon these leaders. Through this exploration of leadership styles and factors in staff motivation, I am further equipping myself to understand leadership tactics and building my own strategies to positively impact clinical workplaces. Moving forward, it is clear there is a greater need for

leaders who can proficiently utilize transactional, transformational and laissez-faire styles. All

methods have their place, but I believe the best future in nursing lies with the dominance of

democratic and transformational leadership on a day-to-day basis. However, regardless of what

style is chosen, it is important for the leader to act with integrity, set accurate goals,

communicate effectively, praise successes of team members, and motivate them towards

improved care (AANAC, 2014).

Conclusion

All nursing leaders, both informal and formal, have incredible potential to shape and

influence their workplaces. In a profession that is consistently fast-paced, dynamic and changing,

this capacity is unlocked through effective leadership styles and staff motivation. Autocratic,

democratic and laissez-faire methods are all useful in various situations, but equally important is

the necessary understanding to utilize each when needed. Autocratic/transactional styles are

preferred during emergency situations; democratic/transformational leadership is best used

during the majority of daily operations or times of change; and laissez-faire methods are

appropriate when dealing with highly motivated and competent staff. As the preferred, day-to-

day style, democratic and transformational leadership facilitate the necessary interpersonal

relationship development that allows leaders to recognize the specific intrinsic and extrinsic

factors that drive their staff. Through the unique understanding of these factors on an individual

basis, leaders can harness the full potential of their workforce. The future of nursing is

promising, but only achievable through truly exceptional leaders who are willing to utilize

various leadership styles to lead courageously in all situations and employ motivational theory to

inspire staff for excellence.

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