The Transformational Leader in Nursing Practice – an approach to retain nursing staff

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Abstract

Transformational leaders have been shown to influence positive work environments and support the retention of nursing staff. While exemplars have been found in upper-level management, the implementation of these characteristics in unit-based leaders is less explained. The elements of the transformational leader on followers and the organization—individual consideration, individual stimulation, inspirational motivation, and idealized influence—can engage nursing staff to remain in an organization which will promote positive patient outcomes. This article will review the elements of the transformational leader and share two exemplars of the transformational metanarrative as demonstrated in nursing care units. Both exemplars demonstrate how the transformational leader can influence the retention of nursing staff and support unit level change to support positive patient outcomes.

Keywords: work environment, leadership, nursing practice, transformational leader

Introduction

Numerous articles have been written about transformational leadership and what such a leader can bring to a practice setting (Krepia et al., 2018). Large corporations have been turned around from failure because of the positive vision that a leader brings to the organization (Harris & Cohn, 2014). Health care settings are not exempt from peril with current performance expectations and changes in revenue streams (Silber et al., 2016). Society expects more from the health care system than marginal care and expensive costs (Blake, 2012a). With the implementation of the Affordable Care Act (2010), patients are required to have health insurance and, thereby, expect service commensurate with insurance costs (Alic, 2018; Piper, 2013). An adjustment in the health care system must meet this demand (Crowe et al., 2017). A vision and subsequent change in this direction can come from the transformational leader (Bondurant & Armstrong, 2016). This article will provide two examples where the transformational leader made a significant impact on nursing practice and staff retention.

Background

The influence of the transformational leader can have a significant impact on work environments (Wei et al., 2018). The literature is replete with instances where such a leader has engaged employees and revitalized work environments that have previously faltered (Anonymous, 2018; Bouwmeester et al., 2018; Cuming, 2018; Hafez, 2018; Scruth et al., 2018; Shen et al., 2018; White, 2018). Management in organizations and their effects on the work environment are very important; however, it is the leadership

in health care that can make the difference between a strong learning organization (Lindfors & Junttila, 2014; Touati et al., 2015) and an organization in danger of failure (Clavelle & Prado-Inzerillo, 2018b).

A significant influence on organizations is the fiscal impact of recruiting, hiring, orienting, and retaining nursing staff. On average, new graduate nurses' intent to leave their positions was approximately 20% but nurses with more than three years in their position were more likely to stay with the organization (Bryant, 2017; Jackson, 2016). The replacement cost of an experienced nurse can run as high as $50,000 (Jackson, 2016; Li & Jones, 2013). The literature is full of documentation that supports a healthy work environment and nurse retention and key to that healthy environment is a leader that support the nursing staff (Blake, 2012b).

The single most important relationship an employee has is that with their immediate supervisor (Anthony et al., 2005). This key connection can influence all aspects of the work setting for the employee. The transformational leader knows that if the relationship is seen as positive, an employee has potential to excel. If the relationship is not positive, the employee can become increasingly dissatisfied and either choose to work within the system or leave the relationship. Strong managers can keep organizations functioning, but a transformational leader can find new directions for dissatisfied employees that offer support and find fit within the vision of the organization (Force, 2005; Reinhardt, 2004).

Theoretical Framework

The development of the theory of the transformational leader is based on the work from James Burns (1978) where he differentiated leadership styles. Further expanded by Bernard Bass (1985), the elements that guide the transformational leader were explored with specific focus on how followers changed when working with this type of leader. The transformational leader keeps their ego controlled and can "self-manage" (Goodman, 2019). They are willing to take risks and make the "hard decision". Using their leadership expertise, the transformational leader can coach, model and challenge followers to imagine new approaches to their work (Bass & Riggio, 2006). The four elements introduced by Bass (1985) were 1) individual consideration, 2) intellectual stimulation, 3) inspirational motivation, and 4) idealized influence (Bass, 1985, 1990; Bass & Riggio, 2006).

"Individual consideration" is the technique of identifying the needs of the followers/group. The leader functions as a mentor, facilitator, and teacher. The ability to garner trust among followers is key to this element of transformational leadership. The leader takes the opportunity to listen to the opinions of others. Listening takes active regard of what the other is saying while waiting to deliver a response. In a way, this action is more important than speaking. By listening and identifying the needs of others, the leader can incorporate requests into a comprehensive plan that supports the followers while keeping in mind the vision of the organization. The leader can provide followers some latitude to pursue unique solutions to problems in their area of interest (Funding, 2019). Often the sharing of the responsibilities related to a change or transformation is seen as growth opportunities for supporters as they learn from the leader.

"Intellectual stimulation" requires the transformational leader to encourage participation among followers. In this manner, the transformational leader inspires individuals to search out new ideas and solutions that support needed change. Transformational leaders are agreeable by nature and work collaboratively to seek organizational consensus.

"Inspirational motivation" is the element that involves the transformational leader sharing their vision (Funding, 2019). Vision can develop from the ability to forecast organizational outcomes based on previous experience. A different perspective from their unique work exposures can also develop a leader's proficiencies (Goodman, 2019). The transformational leader behaves as an *extrovert* who can engage and

develop followers, facilitate working relationships, and create professional networks. These leaders are adaptable, proactive, and visionary (Goodman, 2019). This essential ability is not an innate characteristic, but often a learned skill for an individual devoted to life-long-learning. The leader's ability to model positive behaviors inspires and motivates those in their circle of influence.

"Idealized influence" represents a transformational leader's continuous need to "do better and be better". The leader will become a role model for followers and, by example, foster change (Bass, 1985). A bit of the leader's charismatic style is known to rub off on their supporters (Craig, 2019; Funding, 2019; Goodman, 2019). The transformational leader can also display *neurotic* tendencies. This trait surfaces in times of high anxiety and is sometimes fueled by self-esteem issues. In the end, this trait can be the driving force to perform and see projects through to completion or make a conscious decision to withdraw and find a different path (Funding, 2019).

Method

This article provides two examples where the transformational leader made a significant impact on nursing practice and staff retention. While the examples are not strictly specific case studies and thereby do not attempt to meet that requirement of research, both examples highlight elements of a transformational leader as outlined by Bass (2006). Each leader exhibits unique personality traits which contributes to the success of the employee and the organization. These examples are shared with the reader to show how the characteristic actions of the transformational leader can be put into practice at a unit level. In both situations, transformational leadership resulted in retention of nurses and led to improved benefits for patients, employees, and the organization. The examples of the transformational leaders presented below were two colleagues from the practice settings of the authors. Identification of the transformational leader traits was from direct observation and personal interviews that demonstrated the characteristics and practices of these two leaders and their personal communications with the authors. It was their descriptions of their practice and approach to unit management and philosophy that were highlighted into their practice settings that brought the transformational leader into focus (Reinhardt, 2016; Summers, 2016).

Examples

Example #1 – Christine's Story

Setting: The practice environment in the example of Christine was her nurse-owned-and-operated urgent care clinic centered in a moderate-sized urban community in the southwest region of the United States. While there were other urgent care facilities offered by local healthcare organizations, Christine's urgent care clinic was the only one resourced and operated by nurses. This unique healthcare perspective offered the community a truly nursing focus on practice expectations to include time for the patients to share their individual story to therapeutic ears. The operating hours were set for evenings and weekends to capture individuals who sought medical attention outside of traditional business hours but had challenges missing work and/or school. The environment was staged to be welcoming, comfortable, and inviting and a prime directive was provider and staff friendliness. As a family nurse practitioner, Christine, as the owner ensured that age group, 6 months to older adults, could be treated in this setting. The clinic accepted most forms of insurance which was necessary for the demographic population served. All the providers were advanced practice nurses that included clinical nurse specialists, family nurse practitioners, and mental health nurse practitioners.

Background: Christine's vision for this nurse-run clinic was focused on patient-centered care in a therapeutic environment. The implementation plan was shared with colleagues to garner support for staffing the clinic with providers who wanted to have a voice in how they practice. The components

necessary for a business start-up were divided among the practitioners so that each had influence on how the clinic operated. Strict standards for the admissions process, patient traffic patterns, treatment room use, provider assignments, and infection prevention were emphasized.

Element #1 – Individual Consideration

A collaborative approach was used in the initial planning for opening the clinic. Christine sought input from peer practitioners to develop the structure and philosophy of her vision of an urgent care setting. The shared discussions involved the patient experience from entering the clinic to discharge emphasizing staff scheduling, the clinic milieu, access to health records, evidence-based practice, privacy, and the importance of the relationship between the practitioner and the patient.

Additionally, Christine provided an opportunity for clinicians, new to this role, to hone their skills. As their mentor, she guided them to assume the role of a provider in independent practice. Christine's practice perspective emphasized her focus on hearing the patient's story and creating an understanding of their perspective of the reason and purpose for seeking care at the clinic. This specific individualized approach was found to be fruitful in understanding care perspectives. By modeling this caring perspective, other practitioners emulated this approach. As word traveled, the clinic's reputation grew and gained a substantial following of regular patients when urgent care was needed.

Element #2 – Intellectual Stimulation

The urgent care clinic provided financial support for ongoing staff education. Christine provided financial resources and joined staff at a variety of conferences related to urgent care clinic operations. This collegiality created an organizational climate where all participants could have a voice and fostered open-ended communication and learning.

Evidence-based practice had a continuous role in how practice standards were implemented. The clinic staff moved to wearing uniform attire (scrubs) based on the ongoing research indicating infection prevention issues with wearing lab coats continuously to meet with patient's day after day. The staff was challenged to utilize current literature to support decision making and practice change. If one of the practitioners found a relevant and current article that improved practice, Christine ensured that all were informed of the issues that could influence the practice. Regular group practitioner meetings were held to share practice updates on care issues. The overall influence of these activities was the creation of a learning environment to benefit all.

Element #3 – Inspirational Motivation

Christine sought input from clinicians she already knew and had worked with in a variety of healthcare arenas. Her belief that urgent care centers could focus on a better patient-provider relationship was the driving force for these conversations. Christine's research on patients' "story telling" (Liehr et al., 2004), revealed this aspect to be an integral part of building a therapeutic relationship. This perspective was a key indicator to identify like-minded practitioners to staff the clinic. The practitioners found the story approach enriched the quality of their practice and this developed into the clinic's standard of practice. To ensure relationship-building with the patient, usual visits were longer than normal practice by other urgent care clinics.

Element #4 – Idealized Influence

Christine created the clinic experience around the idea that patients needed time to speak with a provider in an environment that was clean, inviting, and safe. The extra time providers spent with patients enhanced the therapeutic relationships and fostered the overall philosophy Christine envisioned.

Christine covered individual shifts along with other clinic practitioners which allowed her to role model patient centered care in this setting. Her approach to operating this clinic were on display for other providers as they grew into their role as an independent practitioner. The reputation for giving longer and thoughtful care increased the popularity of Christine's clinic. As this progressed, the urgent care clinic started to offer scheduled appointments to decrease wait times. These appointments were filled daily.

Christine's Summary

Christine never thought of herself as a transformational leader. As an advanced practice nurse certified as both a Mental Health Nurse Practitioner and a Family Nurse Practitioner with a PhD in Nursing Science, Christine's practice focus was direct patient care. She strived to take the typical urgent care experience and create a more meaningful therapeutic encounter for both patients and staff. It is evident that Christine demonstrated characteristics of a transformational leader and was an innovative care provider in her community.

Example #2 – Claire's story

Setting: The practice environment was in a multi-cultural healthcare facility located in Saudi Arabia. Claire, the nurse manager, was assigned to oversee a 36-bed female general medical/oncology unit. The standards of nursing policy and practice were designed around the American model of health care. However, the cultural standards in the setting for nursing staff offered little autonomy with strict hierarchical management oversight which is incongruent with an American model of nursing practice.

Background: Upon Claire's arrival, the unit had a reputation for poor care as demonstrated by a high rate of medication errors, multiple delayed procedures, and frequent patient falls. The unit culture/climate was autocratic. Nursing staff were expected to follow procedures, carry out their duties, and direct all patient care concerns to the charge nurse or unit supervisor who were the only ones permitted to address physicians. Morale on the unit was low because nurses were not able to practice to the full scope of their education and license.

The nursing staff were predominately expatriate registered nurses from a variety of countries. Often, the employment in Saudi Arabia for expatriate nurses from India or the Philippines was viewed as a pathway from their home country to the United States. Nurses would work for two years in Saudi Arabia to learn the U.S. system of health care, thus saving their salary and often earning a retention bonus after two years of employment. A common practice for these expatriate nurses was to visit the United States, take the U.S. nurse licensing exam, and seek opportunity for sponsored employment once they secured a nursing license.

As a result of these issues, nurse retention in Saudi Arabia was a persistent problem. The revolving door for seasoned and experienced nursing staff did little to serve the population of patients in the facility. The cost to the organization was expensive in both time and resources.

Element #1 – Individual Consideration

Central to improving the quality of care on this unit, Claire fostered direct communication with nursing staff, discovering what was important to each nurse. Claire instituted a process to develop individualized professional development plans. During the annual performance review, each nurses' strengths and limitations were reviewed and plans for advancing skills, knowledge and education were discussed. Nurses welcomed the opportunity to share their personal aims and incorporate their goals into a professional development plan.

Element #2 – Intellectual Stimulation

Claire initiated a change by asking nurses what they desired during their employment within the department and organization. She listened to what they wanted and together they developed a plan, with a shared vision, to help the employee achieve their goals. These growth activities could be a review of courses to prepare the employee to transfer to another department—like critical care—or prepare them for potential promotion.

Claire initiated policy change to provide all nurses an opportunity to rotate to the night shift and earn the shift differential. The role of the charge nurse was rotated to develop depth within the staff providing more nurses the ability to take charge during vacations. Claire offered special projects to nurses to support their application for promotion if desired.

The initiatives Claire introduced were the impetus for staff nurses to function within their scope of practice as professional nurses. The changes created enthusiasm for learning and each nurse took pride in contributing to overall patient care in their unit while also gaining confidence to interact professionally with the physician staff.

Element #3 – Inspirational Motivation

Claire modeled appropriate professional communication with physicians and garnered collegial respect. In turn, Claire supported the nursing staff when they practiced assertive communication with physicians and employees from other departments. As nurses became more vocal about patient care needs, Claire addressed their concerns and suggestions to support and model collaborative practice.

Staff began dropping by Claire's office [Open communication (Goodman, 2019)] to share ideas that demonstrated their interest in practice issues and professional autonomy. (Trotman, 2018). As a result, nurses were empowered to suggest, change, and implement policy and procedure changes to improve patient care.

Element #4 – Idealized Influence

Claire had a desire to make health care practice safe and competent for patients while supporting an equitable work environment for the nursing staff. Claire's goal of empowering staff decision making was realized as she role-modeled for staff. This created the segue to organizational consensus. Nursing staff participated in more special projects and gave more input into policy decisions affecting their practice.

 Claire recognized that when staff practiced in the same setting over time, they became more proficient in their knowledge and skills, which led to better patient outcomes when compared to units with high staff turnover. Patient care had suffered because each new nurse, although experienced in their home country, had to learn the facility routine, validate skills, learn to speak rudimentary Arabic to enable them to provide care, adjust to work scheduling patterns, and adjust to each patient's unique, culturally-driven demands, as well as adjust to the practice expectations of a U.S. model of care.

The unit's reputation for quality care rose. The number of "occurrence" forms related to errors decreased and unit falls were at a five-year low. Charge nurses were respected and as their numbers increased, they were a resource for other units. Physicians requested that their patients were admitted to Claire's unit, where the quality of care produced better outcomes.

To address the unexpected physician preferences for the unit, Claire was asked to transfer some of her experienced nursing staff to the alternate medical units which lacked seasoned nursing staff. This was done with the caveat that the nurse was being transferred because they were a leader, and they could influence care standards in other medical units. Interestingly, as some of the charge nurses moved to other units as needed, the standard of care rose on those units also. The managers of those units expressed gratitude for the transferred charge nurses and their expert clinical and charge nurse skills.

The encouragement of staff and the sharing of vision are both transformational leadership traits. Communication in the leadership role was vital for sharing the vision of improved patient care and nurse retention.

Claire's Summary

The change in leadership in this health care nursing unit made a positive difference in retention of nurses. While the unit previously experienced losses of five of the overall thirty-five nursing staff per quarter, that number decreased to one-to-three annually. In addition, the stability of the staff allowed for promotions and increased responsibility amongst nurses. Instead of having only one nurse capable of performing the charge nurse role, many nurses were now able to perform the tasks. Nurses were comfortable speaking with physicians when patient concerns arose. While the communication stream in the unit included the charge nurse, the nurses from the bedside could forecast their patient care needs, have discussions with the healthcare providers, and implement the best possible patient care interventions in a timely manner. Patients received better care and had better outcomes with decreased length of stay.

As a visionary leader, Claire realized that retention of staff and a supportive manager were essential to improved patient outcomes and decreased turn-over. As a transformational leader, Claire made an impact on this multi-national setting and through the elements of an empowered work environment changed, not only nurse retention, but also the unit's

organizational climate to improve patient and employee outcomes while retaining nurses.

Perspectives of Transformational Leadership on the Work Environment

"How was work today?" is a common question from family members when nurses arrive home from work. Less often, people are asked if they felt respected, empowered, valued, and a significant participant of their work environment. The literature is full of studies that identify themes and dimensions that make an impact on how an employee can be motivated and contribute to a workplace (Afsar & Umrani, 2020; Clavelle & Prado-Inzerillo, 2018a; Hardison, 2020). Significance has been attributed to leader behaviors, social interactions, organizational climate and culture, personal beliefs, etc.

Context has an important impact on how a work environment affects job performance, organizational affiliation, employment longevity/retention, and an organization's financial outcomes (Scruth et al., 2018; Vitello-Cicciu, 2019). In a healthcare environment, the personality or organizational climate of the workplace can not only influence the healthcare workers, but also play a significant part in patient/client care and, therefore, health outcomes. Relationships always influence communication, trust, and safety. These relationships are instrumental to positive work environments (Wei et al., 2018). This article presented a description of how transformational leaders have influenced job satisfaction, employment longevity/retention, personal goal attainment, and improved patient/client outcomes. A challenge for any administrator, at all levels, is staff retention. Understanding that experienced staff has a better grasp on mechanisms to facilitate patient care, and act without hesitation in times of crisis, develops a foundation of trust in employees and assures the administrator that all due care of patients will be provided (Wallis & Kennedy, 2013). When nurses have been in the work area for enough time to know how to get things done, they can anticipate care requirements and ensure that timely interventions are carried out.

Conclusion

As explained by the examples described above, the transformational leader can create a work environment that not only stimulates innovation but also fosters trust and engagement (Hardison, 2020). The elements of the transformational leader on followers and the organization—individual consideration,

individual stimulation, inspirational motivation, and idealized influence—can engage nursing staff to remain in an organization which will promote positive patient outcomes. A transformational leader can bring a different perspective on how to manage a healthcare environment. As seen from the examples presented, this type of leader can set the tone for unit stability and promote practice change. (Afsar & Umrani, 2020) The excitement created by a transformational leader empowers staff nurses to express their concerns and ideas, advocate for their patients' well-being, and promote organizational change (Afsar & Umrani, 2019; Ho & Astakhova, 2020). By utilizing the transformational leader skills identified in this article, the nurse leader can foster staff development and retention while securing organizational stability and improved patient outcomes. As seen in the many studies of healthy work environments in critical care areas, leadership can make a difference in patient outcomes and nurse retention (Harmon et al., 2017; Huddleston & Gray, 2016; "Survey: Healthy Work Environments Can Reduce Moral Distress," 2018; Tamburri, 2017). The characteristics of the transformational leader can be conveyed to their employees and influence the work environment to increase engagement and passion for the profession (Ho & Astakhova, 2020).

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Dr. Teresa G. Leon (tleon@nmsu.edu) is a College Associate professor at New Mexico State University, School of Nursing and is the Associate Director for the Undergraduate Nursing Program. She had demonstrated her leadership abilities in both academic and practice settings. Her ability to nurture both students and faculty demonstrate her true leadership abilities.

Dr. Linda Ochart Summers (lsummers@nmsu.edu) works as a nurse practitioner as well as serving in her role as a professor at New Mexico State University, School of Nursing. As an innovator, she has expanded her practice as well as encouraging others in the area to grow in both practice and business. She is deeply involved in the local community and is seen as a strong leader in all areas of local health care.