UNIT 3 LEADERSHIP

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3.0 OBJECTIVES

After completing this unit, you should be able to:
- define the term leadership;
- enumerate the functions of leadership and the various leadership theories;
- classify the styles of leaders;
- practice the techniques of effective leadership;
- identify areas of conflict in organizations;
- give examples of conflict situations in organization;
- identify the stages of Problem Solving Approach to Conflict Resolution;
- examine and evaluate leadership qualities as practiced in your place of work; and
- suggest improved methods of developing such qualities.

3.1 INTRODUCTION

In Block 1 of BNS-110, we have mentioned about leadership under the function of "Directing". We have said that the leadership and management development among
nurses is the need of the day as well. What is leadership and what is its importance? This will be explained to you in the present unit.

You will also be familiarized with the functions, various leadership theories and style which can be of help in the analysis of the leadership behaviour of the nurse leaders. You are aware by now that the entire Course of BNS-110 has been designed in a way as to prepare you to function capably in the expanded role of nurse administrators. Leadership, falling under Unit 3 of Block 3 titled Personnel and Financial Management in the Course BNS-110 plays a key role in motivating the nursing personal to serve their best according to their individual potentials, where the nurse managers act as the chief architects. Hence this entire unit is presented to you with a view to giving you the basic idea of leadership together with a section on “Dealing with Conflicts in Organizations”. This will enable you to develop leadership qualities and behaviour and make you effective nurse leaders in your managerial roles.

Though the presentation of the unit is descriptive in nature, you will be encouraged to critically analyse the various issues and examples from your working place.

### 3.2 LEADERSHIP- WHAT AND WHY?

Leadership is the activity of influencing people to strive willingly for group objectives — George R-Terry.

Most of the writers agree that leadership is the process of influencing the activities of an individual or a group in efforts toward goal achievement in a given situation.

Leadership thus may be defined as the process of influencing the activities of a group or individual towards achievement of goals in a given situation. A leader tries to influence the followers or group of people, so that the purpose and the objective of organizations can be fulfilled. So this activity of influencing people to strive willingly for group objectives is called leadership. In other words leadership is the interaction between the leader and those to be led, the goals being task accomplishment or achievement of overall organizational objectives.

The influence of the leader was traditionally thought to flow from leader towards followers as shown in Fig. 3.1.

**Fig. 3.1: Influence from Leader to Followers.**

As situation of this nature occurs when a nursing administrator gets work done from head nurses (ward sisters) and the head nurses (ward sisters) supervise the staff nurses. At that time influence is exercised by the leader on the followers. But more recently it has been recognized that the flow of influence is not only from the top down but also from bottom up as shown in Fig. 3.2.

**Fig. 3.2: Interaction between Leader and Follower and Vice-Versa.**

The followers in the formal organization, therefore, may have a substantial influence on leaders. At the same time the leaders too have a substantial influence on them. For example, a head nurse closely supervises those clinical nurses who are not doing well and loosely supervises clinical nurses who are doing well. Thus, by their
performance, the clinical nurses are influencing the head nurse’s behaviour. As another example, consider the nursing administrator who has a nursing supervisor, who is very hot tempered. In the hierarchy, though nursing supervisor is subordinate to nursing administrator and can order her to do many work-related activities, in practice the administrator may be very fearful of supervisor’s temper and will change her leadership pattern to accommodate her. The nursing administrator may be unhappy about this, but may feel that there is nothing that can be done. In this case the nursing supervisor is exerting more influence than the nursing administrator.

This influence or interaction between leader and followers occurs within the context of a particular situation (Fig. 3.3).

Leadership also varies according to the existing situation and may change from day to day, even from hour to hour. For example, in a case of emergency a nursing sister requires to take an immediate decision and give instructions to the staff without taking group opinion or suggestion; whereas for routine care of patients, she may discuss with the group and then assign the patients to the members of the nursing team.

Hence in every situation, where one is trying to influence the behaviour of another individual or a group of individuals, leadership is operating. Thus the process of leadership is a function of leader, followers and a situation. According to McGregor:

\[ L = f(e, f, s) \]

Where ‘L’ stands for Leadership, ‘f stands for followers and ‘e, f, s’ are the situational characteristics. The situational characteristics influence the leader’s characteristics, follower’s attitudes, needs, personal characteristics, organizational characteristics, its basic purpose, nature of task performed and other social economic and political milieu.

Effective leadership is needed at every level of nursing and there is no substitute for it. It is not confined to the administrative level of a nursing organization but is equally necessary at supervisory and operational levels. The nurse administrator, the supervisor, the head nurses and the staff nurses in team nursing should all be leaders, though the scope of operation at supervisory and operational levels is relatively small. The success of managerial leadership, however, is dependent on the acceptance of her leadership by her followers.

With an understanding of leadership all the nurse leaders can handle the situations effectively. The work output and quality of work can be improved. Leadership has influence on the employees also. The employees’ satisfaction and morale can be increased and the employees’ problems like absenteeism, turnover and sabotage, can be highly reduced, if effective leadership is being exercised by the nurse leaders. Ultimately, qualities of patient care services can be ensured which is the objective of the nursing department within the hospital. In the community settings too, the quality of community health nursing programmes embracing maternal and child health care, family welfare, immunization services, school health nursing services as also the interventions related to the National Health Programmes and other selected services is ‘ultimately improved, strengthened and sustained.

Fig. 3.3: Environment of leadership Situational Leadership
Functions of Leadership

From the above discussion, the functions of leadership may be described as:

i) **Development** of team work and a congenial work climate conducive to efficient performance.

ii) **Serving** as a link between the group and the top management.

iii) **Counselling** and guidance to the members of the group.

iv) **Ensuring** timeliness in performance or “Time Management” is another function of leadership.

v) **Judicious** use of authority to stimulate positive interactions and responses from the group/team members.

vi) Gaining maximum contribution from the group members towards goal fulfillment through participative decision making, improved efficiency of the competent personnel, delegation, provision of adequate resources and effective communication.

### Points to Remember

To be an effective leader you should remember that:

- Leadership is a continuous process of influencing, guiding and directing the behaviour of followers or subordinates.
- There is a flow of mutual interaction between the leaders and followers.
- The purpose of leadership is to get the willing cooperation of the work group.

### Check Your Progress 1

1) Define Leadership.

2) What is the importance of leadership?

3) Enumerate the functions of leadership.
3.3 SELECTED LEADERSHIP MODELS AND THEORIES

There are different types of leadership models. In the text we will discuss about only four selected leadership models and theories.

3.3.1 Leadership Model

In the following text we will discuss about leadership model and the leadership theories.

1) Trait model
2) Behavioural Model
3) Situational Model
4) Emergent or Incarnational Model

Trait Model

According to this model, a leader must have certain traits and qualities. S/He is gifted with or develops certain physical, intellectual or personality characteristics. Some examples of leadership traits might be (names in brackets):

a) A forceful personality (Sardar Patel)
b) Ability to persuade people to a course of action (J.P. Narayan)
c) Efficiency (J.R.D. Tata)
d) Integrity (Gandhiji)
e) Ability to get along with people (Pandit Nehru)

This approach has been found wanting since no one can agree on exactly what the ideal combination of traits is.

Behavioural Model

According to this model, a leader behaves according to certain role expectations of the group. According to these role expectations, traditional leadership theorists say that every leader can be identified by one of the four basic styles.

a) Democratic—the leader is a catalyst for group decision-making and shared responsibility (Lal Bahadur Shastri).
b) Laissez Faire—the leader leaves all decision making and responsibility to the group. Uninvolved (King Farouk).
c) Autocratic—takes all decisions and assigns all responsibility to himself (Aurangzeb, Tipu, Ashoka, Shah Jahan).
d) Benevolent autocratic—a paternalistic leader. ‘You do what I say, I know what is best for you’.

We see the behavioural model as a combination of trait and behavioural theories, viewed in rather static terms of role expectations. The leadership style comes from the basic temperament of the leader and the nature of the groups the leads. This approach was an improvement on the trait model in that it added the expectations of the group members, not relying solely on the leader’s importance. The behavioural model takes into consideration not only the leader’s qualities but also the leader’s
attitudes and response to the group’s needs and expectations. However, this model was also found wanting in that it did not consider how the followers perceive the leader’s attitudes and his responses, nor the effect of the environment which is unique to each situation.

Situational Model

According to this approach, a leader is the product of a given situation and his behaviour may, in fact, vary from one situation to another. This theory includes the traits of the man (qualities and motivations), the role expectations of the group, and the social forces at work (external factors) that bring forth and shape the leadership potential. Combining these three factors, we see five kinds of leaders:

a) Natural Leader—She becomes a leader in spite of herself s/he does not seek the role; it is thrust upon her by the group and by the tide of events. (J.P. Narayan, Abraham Lincoln, and Mahatma Gandhi).

b) Charismatic Leaders s/he is an authentic hero in the eyes of followers for s/he can do no wrong s/he inspires people to make any sacrifice—even their lives—for the cause. (Ashoka, Akbar, Netaji, Nehru, Fidel Mother Teresa).

c) Rational Leader—s/he is consistent and persistent (Marx, Lenin, Mao and Gokhale).

d) Consensus Leader—this leader is perceived as acceptable to all. S/he rises in the absence of the above three and this leader is in a tenuous position of walking a tightrope for existence.

e) Leader by Force—his/her power speaks through the muzzle of a gun. S/he dominates others through fear. S/he is ruthless in suppressing opposition and does not reign long, as this type of leadership contains within itself the seeds of its own destruction (Napoleon, Hitler, Stalin, and Idi Amin).

The situational theory states that the leader must have insight and flexibility. S/he must be aware of and assess the force in herself/himself the group members, and the situation.

Emergent or Incarnational Leadership Model

In this model, we see the liberating power in action. In the preceding models, leadership was something done ‘to’ or ‘for’ a group of people called followers. The new model of leadership envisaged, is horizontal rather than vertical. More and more people are to be involved in the leadership function. The leader aids liberation of power in the people and helps them to mature. Hence, it is called Emergent or Incarnational Leadership—the person best suited to the group’s needs is the leader and the group gets what it wants.

This kind of a leader identifies those actions required by the group to meet their objectives) S/he assesses the members’ needs and then sees how the different members can most effectively take part in those actions.

Emergent leadership has a broad foundation in people. It is responsive to the needs of the group. It works where the group has a common vision. It is leadership from below.

This idea is still very new and only a handful of people are willing to take an active part in the process of emergent leadership. While power is no longer in the hands of a very few, it has come to be shared only by some, and the vast majority remain powerless, voiceless, and dependent.

The incarnational leader has a deep and genuine respect for people, and for their human potential to transform their own lives.
The emergent leader needs to have the following attitudes. S/he must:

a) be genuine,
b) be committed to the process,
c) be courageous in facing change and confrontation,
d) be humble, patient,
e) be loving and trusting, and
f) be for all that leads to man’s fullest realisation of human potential.

S/he is accountable to the people, equal to them, and open to the group. He works at the pace of the people. S/he is sensitive to the world view of the people, is able to analyse critically and organise their efforts to effect change in their lives.

Here, we realise that leaders today must be willing to be selfless, in order to bring out the emergent leadership in the group. This incarnational leader aims at social change in society. He immerses himself in his community and by a process of reflection and action on the issues of vital concern to the group, conceives the real needs.

The leader is a facilitator or catalyst, one of the group’s resources who helps to organise what the group wants organised, to bring about worthwhile change through responsible action. The incarnational leader initiates a process by his very presence in the groups. He is the enabler.

3.3.2 Leadership Theories

Let us now have a look at the leadership theories. There are mainly two types of leadership theories—Universalist and Contingency.

A) Universalist Theories
   i) The ‘Greatman’ Approach
   ii) The Trait Approach
   iii) Leader Behavioural Approach
       • McGregor’s Theory X and Theory Y
       • Likert’s System for Management

B) Contingency Theories

The most widely known contingency theories are the Situational Leadership Model, the Leadership Decision Making Model, the Leadership Contingency Model and the Path Goal Method.

i) The Situational Leadership Model
ii) The Leadership Decision Making Model
iii) The Leadership Contingency Model
iv) Path-Goal Leadership Model

Check Your Progress 1

1) List the four leadership models.
2) Enumerate the two main types of Leadership Theories.

3) Identify the True and False statements from those given below by marking ‘T’ against True and ‘F’ against False statements, in the parentheses, correcting the false statements.

   i) Theory ‘X’ and Theory ‘Y’ fall under Universalist Theory. (T/F)
   ii) Situational Leadership model falls under Contingency Theory. (T/F)

3.4 LEADERSHIP STYLES AND EFFECTIVE LEADERSHIP

From the above discussion of leadership model theories, various types of behaviour of a leader have been identified. These consistent behaviour patterns that the leaders use when they are working with and through other people (as perceived by leaders, or other people) are called the leadership styles. You have read them under behaviour model under section 3.3.1.

Now let us discuss these leadership styles further detail.

3.4.1 Types of Leadership Styles

There are mainly three types of leadership styles:

i) Autocratic or Directive

ii) Democratic or Creative

iii) Abdicratic or Laissez-faire

iv) Benevolent autocratic

1) Autocratic: In this type of leadership behaviour the leader considers herself/himself in a position of authority and expects her/his subordinates to follow her/him.

   The subordinates are made aware of what to do, but not why. The leader sets her/his goals and expects them to be accepted along with her/his methods of achieving them.

   This type of leadership is useful in cases of emergency situations when the leader has to take immediate action without consulting subordinates.

2) Democratic (participative) or Creative: The democratic leader delegates authority to subordinate employees. The subordinates are informed regarding the overall purpose, objectives and progress of the entire organization. She allows them to participate in decision making; consequently the subordinates have the feeling of satisfaction and freedom.

3) Abdicratic or Laissez-faire: In this style, the leader chooses not to adopt a leadership role and actually abdicates the leadership position. This may be due...
to lack of self confidence or fear of failure. The leader may think that the subordinates will perform better if a great deal of freedom is given. But this type of behaviour of the leader will be effective where the subordinates are highly motivated and experienced.

iv) **Benevolent Autocratic:** In this style the leader is paternalistic leader. S/he directs the group according to what s/he feels is best and right for them. All these types of leadership styles have their negative as well as positive points and it may be difficult for a nursing service administrator to determine the degree to which leadership should be centered on herself or on her nurses. There may be such situations where s/he feels democratic behaviour will be better than the autocratic. In that case, she can push herself/himself different directions of leadership with sound reasons for her actions and can simplify or complicate group operations.

### 3.4.2 Effective Leadership

Effective leadership involves i) application of certain techniques and ii) qualities of good leaders.

i) **Techniques of Effective Leadership in Nursing**

To be an effective leader, the nurse administrator needs to know: the principles of team leadership, administration and supervision and motivational theory; to identify the personnel needs and their differences as individuals. The following are the techniques which can be applied by the nurse administrators to be an effective leaders.

a) **Planning and Organizing:** These are the foremost principles of administration and very important for effective leadership. For the nurse, at every level, it is important to plan and organize the work schedule according to availability of personnel and materials.

b) **Division of Labour:** The work assigned to the subordinate must be defined and should be recorded because clear-cut directions by the nurse leader enables the subordinates to function properly.

c) **Guidance:** Negative criticism should be avoided. Proper teaching and guidance with counselling will help the group to accomplish their objectives.

d) **Effective Communication:** It is very important for a leader to have a clear idea about what she wants to say and how to say it. Good communication is needed for understanding, cooperation and unified action. The details of communication you will read in the next block.

e) **Cooperation and Coordination:** As a part of effective leadership, cooperation and coordination among the leaders and the subordinate employees is essential. If the leader keeps the group informed about the various ward and hospital activities the subordinates feel satisfied and also the group will cooperate with the leader.

f) **Encouraging Participation:** The effective leader first identifies the individual capabilities of subordinates and then provides opportunities to them to participate in decision making.

g) **Supervision:** Democratic supervision may be in the form of observation and is one of the most important responsibilities of an effective leader. It helps to:
   - Identify the individual's capability
   - Oversee the performance
   - Improve their skills to give good nursing care.
h) **Evaluation:** It is a continuous process of assessment of the personnel or their work. It also helps them to improve in those areas in which they are weak. Self evaluation by the nurse leader is also a must.

These techniques are shown in Fig. 3.4 and can be learnt by the leader through leadership training.

![Fig. 3.4: Techniques of Effective Leadership](image)

ii) **Qualities of Good Leaders**

Effective leadership requires good leaders. The two theories discussed in Section 3.3 of this Unit postulate that leaders are either born or made. A good leader has both personal as well as acquired qualities. These are as follows:

a) Knowledge of self i.e. self awareness;

b) Personal qualifications — like integrity, honesty, ability to cooperate, ability to attract, motivate, enthuse and unite others to work;

c) Initiative qualities — like willingness to come forward to help and assist, self confidence, courage and decisiveness;

d) Technical mastery i.e. expert knowledge and expertise to work;

e) Teaching abilities i.e. ability to communicate;

f) Administrative abilities i.e. abilities to manage, organize and coordinate;

g) Intellectual skills;

h) Enthusiasm;

i) Tact i.e. ability to win the loyalty and support of others;
Leadership

j) Emotional control;
k) Quality of acting as catalyst, consultant and resource;
l) Helping the individuals to grow;
m) Awareness of responsibilities and accountability

n) Conscientiousness

But the most important quality essential for a good leader is the quality of building human relationship with the subordinate employees. As it has been frequently observed “the pattern of leadership desirable, is based upon behaviour that emphasizes cooperation, participation, consultation and satisfaction of the ego of the rank and file, though a strong leader may have to subdue his natural desire for self assertion and self display”. Thus a leader should have a human element in his personality and faith in participative leadership.

3.4.3 Methods to Improve Leadership Effectiveness

To develop leadership talent or techniques and to induce positive attitudes towards certain types of leadership qualities or situations the following methods can be adopted:

i) Leadership Training Programme

ii) Changing the job instead of the leader

i) Leadership Training Programme can be successful if

a) The individual leader is committed to change.
b) Organizational atmosphere is supportive.
c) The behavioural change required is reasonable.
d) Feasible changes are taught.

ii) Changing the Job Instead of the Leader

Recognizing some of the limitations of training and development programmes that concentrate only on changing the leadership behaviour, has suggested that the individual be trained to recognize the conditions under which she/he can perform best and to modify the situation to suit her/his leadership behaviour. This implies that the situations where she/he can offer leadership in the best possible manner be her/his field of leadership.

Check Your Progress 3

1) Define leadership styles.

2) Which leadership styles should be adopted by a nurse leader at supervisory level? Give reasons to justify the answer.
3) What techniques make leadership effective?

4) List any four qualities of a good leader.

3.5 CONCEPT OF POWER

Leadership is simply an attempt to influence people to achieve a goal; whereas the carrying out of the decisions, is accomplishment because of the power of the leader. It is the power that enables a leader to induce influence.

The dictionary meaning of power has three considerations — viz — the ability to do or act, the energy or force that can be used to do the work and person organization having great influence.

Power means 'to be able'. Power is present in every work situation. We utilize power in enabling ways to achieve the goals and objectives which we set for ourselves, to assure our planning for a nursing future.

Power as a concept is very badly treated. But its negative image can change into a positive one, if we, as nurse leaders, can put it to constructive use. Further, it is realized that power is infinite or existing in unlimited quantities. There are a variety of ways in which each one of us can use power. When one uses power or gives it to someone else, it is not finished or used up. It can be created anew and incorporated into the work setting.

If your power is by virtue of your position, due to your chair, it is no longer yours if you do not have the position. Once the position is gone, the power goes with it. But the leader’s power is what is left after subtracting all subordinate powers: power removed from their grasp by the nature of the task and that removed by other power sources outside their organizational unit such as organizational policies, public sentiments, etc.

Thus, today the manager has very limited amount of power but that limited power must be used in realistic and meaningful ways.
Check Your Progress 4

Check your understanding of the concept of ‘Power’ by marking True (T) and False (F) against each of the following statements.

a) Power is the resource that enables leader to influence the group. (T/F)

b) Power is not only limited to authority. (T/F)

c) Power has no meaning for leaders. (T/F)

d) Leader power is the sum of subordinate powers and position. (T/F)

e) Power, if used constructively, shows positive results. (T/F)

3.5.1 Sources of Power

There are mainly two types of sources:

i) **Formal, Legal, Legitimate Sources**: This is due to our license to practice in the form of authority and due to position or title of par, job.

ii) **Informal Sources of Power**: These are bestowed upon us or created by us through social interaction called influence, rather than through authority. Influence can be through debate, personality, dialogues, persuasion or charisma.

Fulley and Grimes have described the following sources of power:

- Responsibility and job function
- Formal authority
- Control of resources (control of money, information)
- Collegial (a group of peers has right to be consulted)
- Traditional rules
- Friendship
- Expertise
- Manipulation
- Equity and decision maker.

If the sources of power are identified the power can be categorized easily.

**Self Activity 1**

Think of a situation where you, as a nurse leader, had exercised formal and informal sources of power. In what ways did you influence the subordinate employees? What happened to your action?

3.5.2 Types of Power

i) **Position Power**: This power is also called legitimate power. This power is due to position in the hierarchical rank or the role relationship in the hierarchy and the level of responsibility of a person has. For example, a nursing superintendent is said to have more power than a staff nurse. It is also due to the social placement of a person; for example, the physicians are viewed as being more powerful than nurses.

Position power is an important type of power and should not be underestimated. We, as nurses in positions of power, frequently do not recognize or acknowledge that the existing position power can develop other kinds of power.
ii) **Expert Power:** This power comes from knowledge, experience and skills of person; it can be exercised to get the work done. Nurses are knowledgeable and experienced in many ways but the problem is that they hardly develop their knowledge base and defer to others. But if they, as health care providers, utilize this power fully, they can improve their positions.

iii) **Reward Power:** This type of power is used by the leaders to reward the subordinates for their excellent behaviour or performance. The awards are in the form of giving verbal approval, by sending memoranda of thanks, words of praise, acknowledgement and public recognition. Sometimes the leader also has the power to give tangible rewards such as promotion, attractive work assignment, office space, increase in pay and time off from work. This reward power of the leader can also increase the position power.

iv) **Coercive Power:** This power involves the use of negative action by the leaders against subordinates to get the work done. The negative actions include punishment, strict enforcement of rules, dismissal and undesirable work assignment. This power can be exercised when the leader is in a position and has the authority but the group morale of the subordinates will decrease.

vi) **Charismatic Power:** A person has this power due to charisma. The subordinates themselves identify a leader and they get influenced by the leader's personnel attractive power. The subordinates accept and behave, in a way the leader wants.

There are other types of power such as

- **Referent Power:** It is attributed to a leader by the subordinate due to her personal traits.

- **Connection Power:** This is based on leader’s connections with important persons.

If position power, expert power and referent power are used by a nurse manager appropriately without being docile unnecessarily, she can prove to be a successful leader in the accomplishment of goals.

**Self Activity 3**

Interview three nurse leaders of different levels and ask them what means did they adopt to influence their subordinates to get the work done in a particular situation. Make a list of the ways adopted by each nurse leader, in the space given below. Place each means adopted to influence within various types of power (use the brackets given below on the right side of space). At the end you will be able to analyze the type of power exercised by the nurse leader in a particular situation.
In the previous sections, you have learnt about the definition of leadership, selected leadership theories, leadership styles and how to become an effective leader. How do you demonstrate leadership and in which areas? Conflict resolution is one such area, where effective leadership is evident.

In today’s nursing administration conflict resolution is becoming more and more important. Many of you might have had experience in handling and dealing with conflicts as nurse managers in different settings. Such experience must have shown you also that this is an area where application of effective leadership is but essential. In the next section of this unit we are going to discuss how as a nurse leader, you deal with conflicts in organizations adopting the problem solving approach.

3.6 DEALING WITH CONFLICT IN ORGANIZATIONS

In this submit you will learn conflict on organization if will help you to resolve conflict.

3.6.1 Overview

Conflict occurs in organizational life when there is a choice of decisions to be made, and those concerned have different views either on what action should be taken, how it should be taken, or on the principles and policies guiding these decisions. It is important to recognize that conflict can be beneficial to organizations, since it can show us new perspectives on a problem. This benefit is however only maximized where there is agreement on over-riding goals and where the conflict is focused on the problems and not on the people.

Health care services are often complex, and all are essentially concerned with the provision of highly personalized services involving many individuals and groups. Each of these have their own ideas and priorities, their own goals and methods of work. Some are highly professionalized, others are manual workers. At all times there is a need for close-cooperation, and this inter-dependence makes conflict almost inevitable.

Because the nurse and the nursing function are at the centre of patient care activities you will certainly find yourself involved in conflict situations. The skilled nurse leader (manager) is one who is perceptive enough to recognize conflict at an early stage — preferably even before it has become open and public — and who deals with it quickly and effectively. The successful resolution of conflict can be one way in which to build healthy and strong personal relationships founded on trust and respect.

3.6.2 Areas of Conflict

Conflict may arise:

— between individuals (e.g. a nurse and the ward sister)
— between an individual and a group (e.g. a Nursing Superintendent and her senior staff)
— between two groups of people (e.g. the Nursing Staff and the Medical Staff in a hospital)
— (Note: Conflict also arises within an individual, for example when the demands of home and family cannot be reconciled with those of work. Although our concern here is with organizational conflict, the approach can be used with equal effect in the individual situation).
As you will recognize, conflict arises at all levels within an organization and over a wide range of issues. Some examples are given below. You will be able to think of others from your own experience and, as you work through the conflict resolution method in these notes, apply the principles to them.

Examples of conflict situations in health care services:

- competition for scarce resources, especially money or skilled staff
- differing service priorities, such as between preventive and curative medicine, or between major specialities or departments of work
- working arrangements within a department, in particular those which require inter professional cooperation or where pressures are high e.g. operating theatres
- differing leadership styles, especially those which are extreme in being forceful and abrasive, or weak and ineffective
- situations where individuals feel opposed on the basis of ethical or professional standards or values e.g. on the subject of abortion
- where there are practical difficulties in working arrangements within a team, frequently at ward level and concerning the details of patient care or the provision of supporting services such as laundry and linen, cleaning or maintenance
- situations caused by a lack of communication within an organization or a part of it.

3.6.3 The Problem Solving Approach to Conflict Resolution

The overall aim of this approach is to reach an agreement which meets the best long term interests of those concerned and which leads towards a positive relationship between them. If this is to be achieved it is important that you must be tough on the problems (that is you must confront them realistically and persistently) but be considerate with the people (even if, for example, you need to firmly challenge their perceptions, views, or actions).

Another key feature of your approach must be the ongoing search for common goals amongst those involved. It is seldom that such common goals and shared interests cannot be found, and, to the extent that they are found and pursued, the behaviour of the parties to the conflict will be more constructive and directed towards finding a solution.

The approach has four stages. As you work through them use the example you have selected from your experience (3.6.2 above) to illustrate each point. For convenience the wording of these notes assumes these the parties to the conflict are the reader and one other male person. However, sometimes in real life situations you will find that besides being a party to the conflict, you carry responsibilities also to act as a mediating influence.

**Stage 1: Defining the Problem**

i) Ask yourself what your opponent seems to want from the conflict, and also what you feel he really needs. These can be two different things and, of them, the latter (what he needs) is the most important.

ii) Ask yourself what you feel you want from the conflict and what you really need. Again, if you are honest, these may be different. Put your real needs in priority order.
iii) Try to identify all possible sources and areas of conflict including those which may not be immediately obvious.

**Stage 2: Gathering the Information**

i) You have begun this process in Stage 1, but continue it by setting out any possible *constraints* on a solution — that is things which may make it harder to resolve.

i) Next, redefine your own objectives which you outlined in step (ii) under stage 1 above. Be completely clear about them and begin to recognize those which could be modified or partly achieved and still give success.

iii) Decide who it is who, on your opponent's side, has the real power to settle the conflict. Is it your opponent or is it someone else more powerful or more influential?

**Stage 3: Generating Alternative Solutions**

i) Use a "brainstorming" approach to think of as many ideas as possible for a solution. Some may be impractical, others may seem to be so but may be refined. At this stage, the help of a close colleague can be taken if possible.

ii) Decide your 'minimum stand' what you must achieve as part of any settlement.

iii) Decide what your *maximum reasonable demands* will be in negotiation. These will be greater than your minimum stand but if they are not reasonable your opponent will not take them seriously.

iv) Decide what and where you could concede in order to get what you need.

v) Decide what your minimum reasonable offer to your opponent will be. Once again, if it is not reasonable, it will not be taken seriously.

vi) Repeat the last four steps for your opponent, trying to put yourself in his place and guess what his position will be.

To be effective as preparation all these steps must be carefully undertaken. The last one may be particularly difficult, but will enable you to feel much more comfortable in negotiation.

**Stage 4: Finding a Negotiated Solution**

i) If you have conscientiously worked through this process your opponent will almost certainly come to negotiations less well prepared than you. This should give you some well earned confidence.

ii) Listen carefully to all that is said. Be on the lookout as negotiation proceeds, for suggestions or hints as to bargains which may be struck. Remember you may be able to offer symbolic "gifts" which cost you little or nothing but enable your opponent to save face, or claim to his supporters that he gained ground. Such gifts may include membership of a working group or committee, a new job title, or even simply further discussion.

iii) See if you can trade concessions by offering "if you will do this ............ then I will do this" ............ *Be sure to make all your offers incremental* (i.e. start with the smallest offer) and ensure they are clear, concise and in terms which make it easy for your opponent to accept.

vi) Any solution, especially if it is detailed, should be put in writing to avoid misunderstanding and to facilitate subsequent monitoring of the agreement.
We hope the practical approach of dealing with conflict in organizations discussed above will help you to be capable and competent nurse leaders in this area.

Before we sum up, we would like you to go through the following materials which were presented by Mr. Brian Windsor during one of the Staff Development Programmes of the CMAI. We are indebted to Mr. Windsor for writing section 3.6 and permitting us to reproduce these materials on “The essential Tasks of Leaders” below. This we feel, will not only portray the essential needs of leadership in management but also sensitize you to be the future nurse leaders with a vision and to render Nursing the pride of place that this profession deserves.

The Essential Tasks of Leaders

Have you ever thought of a leader as a “social architect” someone whose concern is to impose a purposeful design upon the conduct of relationships within an organization, in order to achieve certain objectives? This interpretation of part of a leader’s activity was the work of Bennis in the USA. It parallels very closely one definition of the overall task of a leader as:

“securing the willing support of people by enabling them to share in the achievement of group or of organizational goals.”

Bennis and his co-researcher went on to describe leadership in terms of moving an organization (or a part of it) from current to future states, creating visions or potential opportunities, instilling in staff a commitment to change, and mobilizing and focusing energy and resources. This is a mature and wide-ranging view of the leadership task which takes us beyond the normal thoughts on the subject, and which can be very productive.

Their research identified four elements which good and effective leaders demonstrated:

1) The ability to build a vision which influences all who work within an organization.
2) The ability to communicate that vision so that it becomes a significant guide for all organizational activities.
3) The building of trust in oneself by having clear views as to the achievement of the vision and by behaving predictably and consistently in pursuit of it.
4) Having confidence in oneself and in others to achieve success.

Let us look at each of these briefly.

Building the Vision

Every organization needs a defined mission — that is its stated purpose — and a vision which looks into the future and describes an ideal state for the organization which it will achieve when it reaches the character for which the leader has committed his energies and enthusiasm. Such a vision combines an analysis and understanding of the past history, traditions and culture of the organization; a recognition of the possible need to change; an analysis of the present situation and the key factors likely to affect the chances of success or failure; a forecast of the future and factors which could bring success; and outlines later to be developed, of the first steps to be taken and thereafter of tactical (short term) and strategic (long term) goals.

Communicating the Vision

A private vision has no organizational significance.

Sharing the vision perceptively with those whose work will help to achieve it, and with an open-ness to change, should lead to cooperative teamwork, the creation of
targets, and the constructive handling of any conflicts arising. But for this to be so, the vision must be fully shared, concisely expressed, and work must proceed in a learning atmosphere. Constant cross-referral must take place between existing and new activities to ensure that all move the organization towards its goals.

**Building Trust**

Trust characterizes the ideal relationship between the leader and his staff, and can only be gained as confidence is built up through experience in his judgements and decisions, reached through a genuinely participative management. Moreover the vision must be relevant, meaningful and ethical. In this process the behaviour of the leader is all-important, as he chooses priorities, manages his time rightly, makes sound decisions, gives appropriate direction, and is consistent in his management practices — all reflecting the vision he has defined.

**Building Confidence**

As the leader carries the organization towards a vision of integrity which is capable of realization, confidence will be created. In this process, both success and failure must be seen as having valued lessons, realized through mutually supportive attitudes, with the leader facilitating his staff, delegating realistically, and building on their strengths.

For this, open communication is essential, with good feedback and evaluation mechanisms.

But as confidence is built in the leader, this process will also create confidence in his staff. A leader who bursts with self-confidence, but whose staff tremble with self-doubt, is a recipe for failure.

A key part of the whole process is the formation and communication of objectives, as the “map” of the route to be taken towards the achievement of the vision. Objectives must therefore be:

- seen to be inter-related
- clear
- seen to meet both organizational and individual needs
- flexible enough to deal with changes in circumstances and to permit managers to use discretion and judgements.

**Check Your Progress 5**

Enumerate the four elements of effective leadership identified by Bennis and his co-researcher.

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**Self Activity 4**

As a nurse leader think how you can create a vision for yourself and your group members that will render nursing its inherent worth and pride of place.

As nurse leaders and nurse managers if you sincerely start working with the above in mind, inculcating the qualities of an effective leader, you are sure to demonstrate your capabilities as a visionary leader.
3.7 LET US SUM UP

In this unit, you have been exposed to leadership as a process to influence others to strive willingly to achieve a common goal or goals. It is required at every level of an organization, irrespective of its nature, control, type or the people manning it.

You have also learnt about the leadership model and leadership theories.

You have next been introduced to the different leadership styles derived from the leadership theories along with the techniques of effective leadership. We, then went on to discuss power as there is an inherent relationship between power, influence and leadership, leadership being a process of influencing.

The formal and informal sources of power have men clearly stated in the context of concept of power. Seven types of powers such as, position power, expert power, reward power, coercive power, charismatic power, referent power and connection power have been explained as well. Finally, the suggestion has been made that a nurse manager can prove to be a successful leader if she adopts an appropriate assertive position with a combination of position power, expert power and referent power.

Dealing with conflict in organizations using “Problem Solving Approach” with its four stages as an example of application of effective leadership has been covered in the last section.

This unit concludes with essential tasks of leadership have been indicated as, i) building the vision, ii) communicating the vision, iii) building trust, and iv) building confidence in oneself and others.

We would like to impress upon you that the effective leaders have to be visionaries with imagination and foresight who know how to dream and how to fulfil their dreams. We sincerely believe many of you have the vision and hope through your leadership you will be able to see the light of success in your vision.

3.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1) Leadership is the activity of influencing people to strive willingly for group objectives.

2) Effective leadership is important for a leader to handle the situation effectively. It is also useful to improve the quality and quantity of work. The employees’ problems can be reduced to a great extent if effective leadership behaviour is exercised by the leader. The overall objective of leadership is to attain the organizational and individual goals in a climate of trust and understanding.

3) i) Development of team work and congenial atmosphere.
   ii) Serving as a liaison between the group and the top management.
   iii) Counselling and guidance to members of the group.
   iv) Ensuring timeliness of performance.

Check Your Progress 2

1) Trait model

2) Behaviour model

3) Situational model and
4) Emergent or incarnation leadership model

2) • Universalist theories
   • Contingency theories

3) i) T
   ii) T

Check Your Progress 3

1) The consistent behaviour patterns that the leaders use when they are working with and through other people are called the leadership styles.

2) The leadership style will be dependent on the situations. In emergency situations she may have to use autocratic leadership style, whereas in routine nursing care situations she may use democratic style.

3) i) Planning and organizing
   ii) Division of labour
   iii) Guidance
   iv) Effective communication
   v) Cooperation and Coordination
   vi) Encouraging participation
   vii) Supervision
   viii) Evaluation

4) i) Self awareness
   ii) Initiative qualities
   iii) Technical Mastery
   iv) Tact
   v) Administrative abilities
   vi) Emotional Control

Check Your Progress 4

i) T  · ii) T  · iii) F  · iv) F  · v) T

Check Your Progress 5

i) The ability to build a vision.
   ii) The ability to communicate the vision.
   iii) Building trust.
   iv) Building confidence.

3.9 FURTHER READINGS

