2.3: Leadership Styles

Overview

A review of the literature on leadership reveals a multitude of leadership styles. Marquis and Huston (2015) organize their scientific study of leadership using connections between leadership themes and specific time periods. Research on leadership started in the early 1900s with a focus on the great man theory (or trait theory); this was the dominant theory of leadership until about 1940. Since the 1970s, leadership theory has evolved into a study of the relationship between leaders and followers within organizations. The advancement of leadership theories illustrates that what is “known” about leadership continually changes as leaders’ environments evolve and additional research is completed.

Adapting the individual nurse leader’s style to meet the needs of the organizational environment is critical for leadership success. A systematic review of the nursing literature by Cummings et al. (2010) helps us to understand these different leadership styles by dividing nurse leadership theories into the two separate categories of task-focused leadership and relationally focused leadership. Observing leadership theories from the perspective of relationships has become crucial as we move into the age of technology associated with chaos and complexity science.

Task-focused leaders tend to focus on the tasks to be completed or on the transactions between leaders, colleagues, and followers that are required to complete the tasks, rather than on the relationships between individuals within the organization. Relationally focused leaders, on the other hand, consider relationships rather than tasks to be the foundation for achieving positive change or outcomes (Hibberd & Smith, 2006). There are multiple examples of both task-focused and relational leadership in the research literature (Villeneuve & Wagner, 2015).

Research by Wagner et al. (2013) explores the relationship between a resonant leadership style (relational style of leadership with a focus on building relationships and managing emotion), empowerment of registered nurses (RNs) in
the workplace, and workplace outcomes such as job satisfaction, organizational commitment, and spirit at work (SAW). The study of SAW, a holistic measure of workplace experiences, looks at the perceptions of engaging work, sense of community, spiritual connection (connection to something greater than self while at work), and mystical experience (sense of transcendence while at work) of the individual nurse. Ongoing research indicates a strong relationship between resonant leadership and SAW. Research also indicates that these holistic measures of SAW account for more variance in employee workplace outcomes than job satisfaction (Wagner et al., 2013; Wagner & Gregory, 2015).

**Research Note**


**Purpose**

The purpose of this study was to explore and measure the relationships between SAW, job satisfaction, and organizational commitment for RNs located within two distinctly different practice contexts, with surgical RNs practising in the active acute care hospital environment and home care RNs usually providing direct nursing care in the client’s home. We were interested in exploring the impact of practice context on SAW and job satisfaction of RNs. The first research hypothesis explored in this study was as follows: the experience, education, practice context (surgical or home care), and SAW concepts predict the outcome variables of job satisfaction and organizational commitment of surgical and home care RNs. The second research hypothesis was as follows: there are differences in experience, education, SAW concepts, and the outcome variables of job satisfaction and organizational commitment between surgical and home care RNs (Wagner & Gregory, 2015, p. 200).

**Discussion**

SAW concepts of engaging work and mystical experience accounted for moderate to large amounts of model variance for both home care and surgical nurses, while significant positive relationships between SAW concepts, job satisfaction, and organizational commitment were also reported. Researchers concluded that SAW contributes to improved job satisfaction and organizational commitment and that the measurement of SAW concepts is sensitive to RN experiences across clinical contexts. As a holistic measure of RN workplace perceptions, SAW contributes essential information directed at creating optimal environments for both health care providers and recipients (Wagner & Gregory, 2015, p. 197).

**Application to practice**

We suggest that routinely monitoring RN perceptions of SAW and making the necessary modifications in response to RN concerns is prudent practice. For example, survey data revealed that RNs have numerous concerns about their workplace related to the four SAW concepts of engaging work, sense of community, mystical experience, and spiritual connection. These concerns collectively contribute to reduced job satisfaction and organizational commitment and ultimately to RN turnover (Aiken et al., 2008; Leiter & Maslach, 2009; Purdy, Spence Laschinger, Finegan, Kerr, & Olivera, 2010). “Critical assessment of these concerns may lead to the development of targeted responses aimed at alleviating stresses in the RN practice environment” (Wagner & Gregory, 2015, p. 211).
The RN work environment is undergoing multiple positive changes that are being led by both the government and the nursing union. SAW, with its holistic view of the workplace, appears to provide a more representative measurement of RN workplace perceptions than existing measurement tools (Wagner & Gregory, 2015, p. 213).

For more information on spirit at work, listen to the podcast Spirit at Work (SAW) from the Western Journal of Nursing Research.