

# Transformational leadership in nursing: towards a more critical interpretation

Marie Hutchinson<sup>a</sup> and Debra Jackson<sup>b</sup>

<sup>a</sup>Southern Cross University, Lismore, NSW, <sup>b</sup>University of Technology, Sydney, NSW, Australia

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## Transformational leadership in nursing: towards a more critical interpretation

Effective nurse leadership is positioned as an essential factor in achieving optimal patient outcomes and workplace enhancement. Over the last two decades, writing and research on nursing leadership has been dominated by one conceptual theory, that of transformational leadership. This theoretical framework has provided insight into various leader characteristics, with research findings presented as persuasive evidence. While elsewhere there has been robust debate on the merits of the transformational model of leadership, in the nursing literature, there has been little critical review of the model and the commonly used assessment instruments. In this article, we critically review more than a decade of nursing scholarship on the transformational model of leadership and its empirical evidence. Applying a critical lens to the literature, the conceptual and methodological weaknesses of much nursing research on this topic, we question whether the uncritical adoption of the transformational model has resulted in a limited interpretation of nursing leadership. Given the limitations of the model, we advocate embracing new ways of thinking about nursing leadership.

**Key words:** leadership, nursing, transformational leadership.

For more than two decades, there has been an intense focus upon nursing leadership, yet, despite this, there remains considerable concern about failures of nursing leadership affecting both clinical outcomes and the quality of the work environment for nurses (Garling 2008; Jackson et al. 2012). Given such concerns, it is imperative that any consideration of nursing leadership is both robust and critical. Transformational leadership has been widely adopted in nursing, yet this adoption has been largely uncritical, and evidence into its efficacy in terms of clinical outcomes and workplace quality remains unconvincing. In this article, we critically review more than a decade of nursing scholarship on the transformational model of leadership and its empirical evidence.

At the core of much theorising on leadership has been an interest in understanding the characteristics of successful lead-

ers and their capacity to influence organisational culture and follower behaviour (Smirich 1983; Parry and Proctor-Thomson 2003; Linstead 2004). What began as a philosophical concern to understand the values, ethics and morality of leader characteristics and how these are enacted by leaders to motivate individuals to focus upon interests other than their own (Alvesson and Wilmott 1992) has increasingly shifted to focus on the charismatic traits of leaders and how these can influence productive emotions and behaviours in followers (Bass and Avolio 1994; Pfeffer 2007). Transformational leader attributes such as dynamism, self-confidence, inspiration, emotional intelligence and symbolism have come to be associated with successful leadership (Derckx De Casterle et al. 2008; Lee, Coustasse and Sikula 2011).

A plethora of empirical research suggests the benefits of transformational leadership are significant (Bass 1999; Bass et al. 2003; Cummings et al. 2010). In the nursing context, there has been considerable emphasis upon transformational leadership, with the model of Bass and his colleagues

Correspondence: Dr. Marie Hutchinson, Senior Lecturer, School of Health and Human Sciences, Southern Cross University, PO Box 157, Lismore, NSW 2480, Australia. E-mail: <marie.hutchinson@scu.edu.au>

(Bass 1999) most commonly employed (Cummings et al. 2010). Reflecting this dominance, a recent systematic review of nursing leadership styles reported that 53% of the studies reviewed had investigated transformational leadership (Cummings et al. 2010).

## **THE THEORY OF TRANSFORMATIONAL LEADERSHIP**

The theory of transformational leadership (TFL) was initially described by Burns (1978) who examined the characteristics of political leaders and suggested that the differentiating features of management and leadership were the characteristics and behaviours of leaders. For Burns (1978), follower behaviour was based upon reward for compliance (transaction) or the motivation to meet higher order needs (transformation). These concepts of transformation and transaction as features of leadership were popularised by Bass and colleagues in their theory of leadership (Avolio and Bass 1988; Bass and Avolio 1994). Initially developed through an open-ended survey identifying the perceptions of 70 male executives who described what they saw as the attributes of transformational and transactional leadership styles (Hater and Bass 1988), the model and resulting instrument were subsequently tested on a sample of male military officers (Hater and Bass 1988).

Heavily influenced by notions of charisma and leader influence, the model essentially defines three types of leader behaviour: transformational, transactional and laissez-faire. The transformational leader has been described as engaging in a form of leadership that develops followers through creating a vision that provides meaning and motivation (Bass 1999). Communicating an attractive vision with enthusiasm and confidence, transformative leaders are said to build a strong sense of identification with the organisation and persuade individuals to transcend their own self-interest. Transformational leadership has been described as a human-capital-enhancing resource management style (Zhu, Chew and William 2005) as it seeks to motivate followers to do more and perform beyond their own expectations (Hater and Bass 1988). The laissez-faire leader is described as engaging in a passive leadership that is characterised as providing little direction (Bass 1999).

Transactional leaders are said to achieve performance when required through contingent rewards or negative feedback (Hater and Bass 1988). The focus of transactional leadership is upon structures, clarifying tasks and providing rewards for extra effort or meeting the needs of followers when they comply or meet expectations (Avolio and Bass 1988). Achieving performance of followers through contingent reward has been conceptualised as a lower order

leadership function. Although Burns initially conceptualised transactional and transformational characteristics as functional components of leadership, the early work of Bass and colleagues influenced the positioning of transformational characteristics as more desirable than transactional (Ward 2002; Bass et al. 2003). More recently, interpretations have moved back to understand contingent reward and active management by exception as effective components of a 'full' model of leadership (Bass 2003; Hannah et al. 2008).

Over time, components Bass and colleague's model and the multifactor leadership questionnaire (MLQ) have been conceptually refined into the current 'full range' of leadership model (1991) and its associated components. The MLQ taps various components of transformational, transactional and non-leadership characteristics (previously termed *laissez-faire*) along with three measures of leadership effectiveness. It is one of the most widely used and authoritative instruments for establishing leadership style. The constructs measured through the MLQ.

Influenced by Avolio and Bass (1998) transformational model of leadership, Kouzes and Posner (1987) developed their model of exemplary leadership. According to this theory, exemplary leaders demonstrate five leader characteristics and engage in behaviours that challenge the process, inspire a shared vision, enable others to act, model the way and encourage the heart (Kouzes and Posner 1987). Reflective of the model's transformational foundations, exemplary leaders are said to inspire a shared vision and motivate people to do their best. Modelling the way is one of the key behaviours through which exemplary leaders enact leadership (Kouzes and Posner 2000). By setting an example for others and engaging in visionary or exemplary behaviours which motivate, encourage or enable followers, the transformative leadership processes can be replicated within work teams. The relationships that exemplary leaders build with followers are said to be focused upon transforming individuals within the organisation into leaders (Jackson and Parry 2011). Exemplary leaders are also said to take risks and have a strong sense of vision for the future. In addition, they engage in behaviours that ensure people work to agreed standards and engage in goal setting and reward or praise individual effort (Kouzes and Posner 2000).

The exemplary leadership theory of Kouzes and Posner (2000) has several common characteristics with the model of Bass and colleagues. Reflecting this similarity, in the Leadership Practices Inventory (LPI), the majority of leader behaviours can be characterised as either transformational or transactional in nature (Zagorsek, Stanley and Markjo 2006). The constructs measured through the LPI are summarised in Table 2.

It is generally accepted that the TFL has provided important insights into the nature of leadership and various workplace outcomes. However, like most theoretical frameworks, it has a number of limitations that reduce its usefulness. We believe it is timely to question whether the acceptance of the transformational paradigm that has pervaded much nursing research and scholarship has limited any critical examination of nursing leadership. Accordingly, in this article, we critically review more than a decade of nursing scholarship on the transformational model of leadership and its empirical evidence to illuminate future avenues of leadership research.

For the purpose of the review, we examined research employing transformational models of leadership in nursing for the period 1992–2011. A search of electronic databases for the terms *transformational*, *leadership* and *nurs\** in the abstract, title and key words of manuscripts identified that empirical studies of transformational leadership in the nursing context first appeared in the literature from 1992. Studies undertaken prior to this period employed a variety of other leadership frameworks. The search identified 43 reported studies. Of the 38 quantitative studies identified (noted in the reference list \*), two tools were primarily employed: the MLQ ( $n = 22$ ) and the LPI ( $n = 10$ ). In what follows, we review the potential limitations of the transformation model of leadership and examine conceptual and methodological weaknesses that reduce the explanatory capacity of much nursing research on this topic.

## LIMITATIONS OF THE TRANSFORMATIONAL MODEL

In reviewing the literature, particular attention was given to assessing opinions and evidence regarding the theoretical limitations of the transformational leadership model, the generalisability and representativeness of the model and research employing the model and the validity of common measurement criterion. The following significant criticism and limitations were identified: a dichromatic interpretation of leadership; the focus upon charismatic and heroic leaders; minimal attention or insight into leader integrity; the limited examination of 'dark' or avoidant leader behaviours; the perpetuation of gendered and culturally exclusive understanding of leadership; and ambiguity regarding aspects of the theoretical model and associated measurement instruments.

### *A dichromatic interpretation of leadership*

The transformational framework proposed by Avolio and Bass (1988) has largely evolved into a dichromatic theory of

leadership, which focuses upon transformational and transactional leader characteristics. In this interpretation, leaders are seen to maintain organisational functioning through transactional or task-focused interactions, whereas transformational characteristics transmit and foster a commitment to change (Bass 2003). Similarly, although Kouzes and Posner (2000) proffer that the five leader characteristics underpinning their theoretical model are reflective of a more dispersed or relational interpretation of leadership; a number of studies have identified a smaller set of leadership characteristics that are largely focused upon visioning or achieving change and task- or goal-focused leader behaviours (Chen and Baron 2006; Zagorsek et al. 2006; Tourangeau et al. 2010). These leader behaviours resonate closely with Avolio and Bass (1988) transactional and transformational interpretation of leadership.

With its focus on vision, norms and belief systems, the transformational interpretation of leadership draws attention to cultural images of organisations and the transformation of follower behaviour. Leaders are seen to communicate a vision and employ symbolism or motivate and influence the behaviour of followers (Avolio and Bass 1988; Kouzes and Posner 2000). These types of symbolic and emotionally appealing leadership behaviours are used to explain how leaders motivate trust, commitment and performance in followers (Zagorsek et al. 2006). By serving as role models, leaders are seen to promote values that foster commitment to organisational goals (Kouzes and Posner 2000). Leadership is positioned as a sense-making process with leaders having the legitimate capacity to shape and interpret the experience of followers (Hopfl 1992). In contrast, the transactional notion of leadership reflects a mechanistic image of organisational behaviour, one that emphasises productivity, attaining goals, minimising risk and maintaining function.

The two-dimensional images of leadership provided by theoretical interpretations of leadership ground upon transformational interpretations offer a limited understanding of the complex and paradoxical nature of organisations, leadership and organisational behaviour (Alimo-Metcalfe and Alban-Metcalfe 2005). This interpretation of leadership gives prominence to normative managerial views of leadership and silences other possibilities for leadership. By framing leadership as either transactional or transformative, concepts such as power, politics, domination and resistance are largely excluded from any discourse on leadership (Alvesson, Willmott and Briarcliff 1992). Power is seen to be in the hands of the leader, with leadership framed as a domino of transformative processes. Such interpretations are grounded in assumptions of organisational cohesion, and little attention is directed towards understanding the place of

internal dissent and leadership. Transformational and transactional interpretations fail to acknowledge that dissent is an important feature of innovation or change and that dissent is often a vital ingredient in balanced decision-making (Toursih and Oinington 2002).

### *A focus upon heroic and distant leaders*

Initially developed from the opinions of military leaders and observations of rebel leader success, the transformational leadership model rests upon romanticised notions of heroic and charismatic leadership (Graham 1988). Reflecting heroic notions of leadership, the dominant concern is with the vertical interpersonal power of leaders (Salancik and Pfeffer 2003), their visionary and transformational influence over the perceptions and behaviours of followers and the relationship of these characteristics to workplace function and productivity (Zhu et al. 2005).

In the nursing literature, there has been almost exclusive focus directed towards understanding the transformational characteristics of those in designated leadership roles. Transformation is largely cast as the prerogative of those in 'distant' leadership positions (Kleinman 2004; Chen and Baron 2006) who are charged with shaping meaning, culture and behaviour within organisations – while promoting or enabling productive or adaptive behaviours in followers (Leach 2005; Salinova 2011). The influence of transformational leaders upon followers has been likened to a domino effect (Bass, Avolio and Goodheim 1987), with the charismatic leader causing a chain reaction of positive effect (Murphy 2005) or the visionary leaders inspiring and empowering individuals (Chen and Baron 2006). Although Kouzes and Posner (2000) argue that credible leaders develop capacity in others, nurse-researchers employing this theoretical framework have continued to focus their attention upon examining the leadership of those in designated leadership roles. There has been little attention directed towards understanding how leadership may be enabled in those not in formally designated leadership positions or how organisational processes can be changed to liberate follower's potential to lead (Jackson and Parry 2011).

Within the organisational behaviour literature, it is recognised that there are differences in the way that distant leaders are perceived compared to those who are in closer proximity with employees (Shamir 1995). Typically, leaders at executive levels have little face-to-face interaction with staff and are therefore more likely to be rated by them on perceptions or impressions of their leadership style rather than their actual performance. It has also been suggested that those lower in the organisation may distort or over estimate

the transformational characteristics of leaders to achieve cognitive consistency in line with their own personal views regarding leadership (Korman 1966). Conversely, employees are more likely to be exposed to middle managers and form a more accurate interpretation of their behaviour and rate them less favourably with regard to transformational characteristics (McDaniel and Wolf 1992).

The distinction between distant leadership and close leadership is particularly important when considering the transformational or exemplary leadership paradigm (Alimo-Metcalfe and Alban-Metcalfe 2005). It is feasible that reported leadership characteristics may be an artefact of the distance of leaders from followers. The more distant the leader, the higher the transformational perceptions of subordinates are likely to be (Avolio et al. 2004; Sosika, Juzbasich and Uk Chun 2011), with these judgements not necessarily reflective of actual leader performance. This may explain the reported higher levels of transformational leadership for nurse executives compared with the lower transformational leadership ratings of unit managers reported in a number of studies employing the MLQ (Kleinman 2004; McGuire and Kennerly 2006), and the absence of a relationship between leadership characteristics and job satisfaction employing the LPI among care workers who rated leaders in roles such as advanced practice nurses, educators and team leaders (Tourangeau 2003). It is also recognised that attributional distortions are more pronounced when respondents are asked to rate unobservable variables related to the performance or character of another person (Schriesheim, Wu and Cooper 2011). This may also be a factor in inflating assessments of leader transformational characteristics.

As much of nursing research that has occurred to date has focused upon executive level leaders, there is a risk of confounding or failing to fully develop our understanding of leadership, particularly middle level or more proximal leadership characteristics – such as clinical leadership in the nursing context. Furthermore, the predominant focus upon distant leaders fails to acknowledge that leadership can be exhibited by individuals at any level of an organisation (Jackson 2008). The consequence of this partial conception of leadership is the consolidation of two distinct streams of thought with regard to leadership in the nursing context – the leader who is in a designated position of authority and charged with organisational transformation and the clinical leader (Stanley and Sherratt 2010; Patrick et al. 2011). This perpetuates the assumption that leadership is fused with or is part of management (Dunham-Taylor 2000; Kleinman 2004; Chen and Baron 2006; Malloy and Penprase 2010), and transformational or exemplary leadership is an exclusive feature of those more senior in the organisation

and possibly causing a view that the leadership occurring in the clinical context is a lower order, different or less significant form of leadership.

### *Minimal attention to leader integrity*

Burns (1978) conceptualised transformational leadership as benefiting society, yet subsequent interpretations have largely failed to focus attention upon these broader leader characteristics, such as concern for social justice, and instead have focused attention primarily upon the development of followers towards attainment of organisational goals (Bass et al. 1987; Bass and Avolio 1994). However, Bass (2003) has linked transformational leadership to the capacity to enact moral behaviour through the constructs of intellectual stimulation and individual consideration. There have also been suggestions that integrity and ethics are conceptually related to transformational leadership (Parry and Proctor-Thomson 2002) and enabling trust and human dignity are characteristics of exemplary leadership (Kouzes and Posner 2000). Yet, there is little empirical evidence of this relationship, and integrity is not articulated specifically as a construct in the transformational model. The LPI contains one item measuring trust; otherwise, leader integrity is implied through the characteristics associated with the charismatic leader.

It is said that transformational and exemplary leaders promote values such as honesty, loyalty and fairness, while emphasising justice, equality, human dignity and human rights (Kouzes and Posner 2000; Groves and LaRocca 2011). Importantly, it is not clear from the transformational or exemplary leadership models or associated MLQ and LPI measurement instruments how the constructs of morality, integrity or higher order ethical values and practices of leaders are differentiated (Parry and Proctor-Thomson 2002).

To counter arguments about the limitations of the transformational theory and associated measurement instruments with regard to leader integrity, Bass has pointed to the pervasive nature of integrity in the transformational theory of leadership and suggested a distinction be made between authentic transformational leadership that is ethical, and pseudo-transformational leadership that could lead to potentially unethical behaviours (Bass and Steidlmeier 1999). Arguing for the ethical character of transformational leaders, he notes that 'self-aggrandising, fantasising, pseudo-transformational leaders can be branded as immoral. But authentic transformational leaders, as moral agents, expand the domain of effective freedom, the horizon of conscience and the scope for altruistic intention' (Bass and Steidlmeier 1999, 215). Similarly, the theory of Kouzes and Posner (2000) includes a focus upon leader characteristics that

include dignity and respect, fostering co-operation and modelling actions that align with espoused values. Reflective of the dispersed concept of leadership, the LPI contains a number of items that are relational in nature, yet leader integrity is not clearly specified in any of the items and can only be inferred through items that relate to dignity and respect and cooperation. While both the transformational and exemplary models of leadership claim to include a focus upon leader integrity, it is not evident how this distinction can be made. There will potentially be leaders who rate as transformational who are manipulative, destructive or exploitative.

Transformational leadership traits and narcissistic leadership have been identified to share many similar characteristics, as identified by the MLQ's idealised influence and inspirational motivation subscales (Khoo and Burch 2008). Thus, it is feasible that extreme self-confidence may be a feature of either inspirational motivation or narcissistic personality. Although transformational styles of leadership are perceived to be associated with higher levels of integrity (Parry and Proctor-Thomson 2002), and recently Zhu and colleagues (2011) reported transformational leadership has a positive effect on follower moral identity within organisations, it has also been suggested that leaders with integrity do not necessarily demonstrate a particular leadership style (Trapero and De Lozada 2010).

### *Limited examination of 'dark' or avoidant leader behaviours*

There has been considerable debate in the organisational management literature about the dark side of charismatic leadership (Bass 1999). It is feasible that, while transformational leaders may act with integrity and display behaviours that resonate with their articulated vision, this does not discount that they may act unethically or engage in self-interested or immoral behaviours. In a study exploring the moral reasoning of upper and lower level managers ( $n = 377$ ), Sosika and colleagues (2011) reported that, while managers viewed themselves as transformational, many also possessed low levels of cognitive moral reasoning that could lead to unethical leadership behaviour. Further, it has been suggested that, depending on their vision and personal motivation, transformational leaders may lead followers in unethical or immoral directions (Parry and Proctor-Thomson 2002). The inability of the transformational model to identify leader characteristics that may be a threat to integrity and dignity is a significant limitation.

Reliance upon the transformational model by nurse scholars and researchers has limited the examination of avoidant



dant leader behaviours to passive forms of laissez-faire avoidance (Horwitz et al. 2008; Cummings et al. 2010). There has been little attempt to examine in detail the nature or consequences of avoidant leadership in the nursing workplace or to determine the contextual factors that moderate the capacity to engage in various styles of leadership (Jackson et al. 2012). This is a limiting feature of nursing leader research, particularly in the context of repeated quality and safety scandals that have drawn attention to the dangers of avoidant or reckless leadership in health-care (Johnstone 2004).

### *Absence of gender and cultural consideration*

Historical and contemporary leadership theories, such as those about transformational leadership, privilege stereotypical masculine notions of charismatic leadership (Smirich and Calas 1995). Burns (1978) definition of transformational leadership, as well as the model and measurement instrument refined by Bass (1999), was exclusively developed from male populations. Thus, the absence of a balanced gender perspective in the development of the theory is said to have largely excluded women's voices from the discourse on leadership (Kark 2004).

Recent evidence, however, suggesting that women engage in transformational leadership at a higher rate than their male counterparts (see, for instance, Eagly, Johannesen-Schmidt and van Engen 2003) is used to support the adequacy of the transformational leadership model. It has been demonstrated that including a substantial sample of women in studies results in a markedly different interpretation of leadership. For instance, a UK grounded theory study that was representative of women found that no single dimension emerged that was related to leader charisma (Alimo-Metcalfe and Alban-Metcalfe 2005). Instead, there was a far greater emphasis upon the leader characteristics of openness, humility and vulnerability. The most important leadership factors that emerged in this study related to concern for others and their well-being, with integrity forming a distinct factor in its own right.

In addition, while Bass and colleagues and Kouzes and Posner claim universal applicability of their leadership models, the model and their concepts were derived from US studies. Cultural values and beliefs influence what are considered legitimate and effective leader behaviours and characteristics. Outside of the United States, other cultures may place less value on transformation and value leaders who achieve pragmatic outcomes as reflected in Chen and Baron's (2006) study of nursing faculty in Taiwan who reported low scores on all leadership scales in the MLQ and Ergeneli, Go-

har and Temirbekova (2007) study of Turkish leaders which reported a significant and negative relationship with some aspects of the LPI.

### *Ambiguity of characteristics in the theory and related measures*

Over time, a number of issues concerning the validity of the factor structure and the scale construction of the MLQ and LPI instruments have been raised (Avolio, Bass and Jung, 1999; Chen and Baron 2006). A repeated concern raised regarding the MLQ has been its discriminant validity and psychometric problems (Lievens, Van Geit and Coetsier 1997). These concerns relate to the generally high correlations among the transformational subscales, as well as the transactional contingent reward subscale of the transactional factor. Other concerns with the factor structure of the MLQ relate to the transactional and laissez-faire subscales, with suggestions the MBEP items be considered subscales of the laissez-faire rather than transactional factor. Similarly, a number of authors have identified limitations with the factor structure of the LPI, identifying a smaller number of factors than theorised by Kouzes and Posner (Tourangeau 2003; Chen and Baron 2006; Zagorsek et al. 2006; Tourangeau et al. 2010).

The validity of the total instrument is based on the strength of the validity of the underlying subscales (Wilson 2005). In the absence of a clear factor structure and the reported high inter correlations between the factors in the MLQ instrument, respondents may have difficulty differentiating the various components of the transformational subscales, which may lead to more global ratings (Lievens et al. 1997). Furthermore, the transformational leadership factor and its associated subscales contain significantly more items than the other components of the instrument. The much larger number of items on the transformation leadership component may influence respondent perceptions and result in more favourable ratings. To address the issue of intercorrelation among the transformational subscales, it is common for researchers to aggregate the subscales in the MLQ to provide total scores of transformational, transactional and laissez-faire leadership (Stordeur, Vandenberghe and D'hoore 2000; Suliman 2009). When summary scales are created, Wilson (2005) observe that 'the greater the number of items on a subscale, the greater it's potential ipso facto in the estimated summary scale' Problems associated with high intercorrelations between items on the LPI have led researchers to remove the majority of items measuring leadership characteristics to force model fit in regression analysis (Tourangeau et al. 2010).

## LIMITATIONS OF STUDY DESIGN IN THE NURSING CONTEXT

The attractiveness of the transformational leadership theory and the associated MLQ has given rise to numerous questionnaire/survey studies in the nursing context. A number of systematic reviews document evidence for the various forms of leadership and their differential effects on the nursing workforce, intent to stay and patient outcomes (Wong and Cummings 2007; Cummings et al. 2010; Weberg 2010; Cowden, Cummings and Profetto-McGrath 2011).

Although the vast majority of nursing studies have been cross-sectional convenience sample designs, assertions are repeatedly drawn about the cause and effect relationship between transformational leadership characteristics and other variables studied (Stordeur et al. 2000). Furthermore, few researchers acknowledge the potential limitations posed by the structure of the MLQ or question whether the research design may serve to inflate the significance of findings with regard to transformational leadership (McGuire and Kennerly 2006; Failla and Stichler 2008; Suliman 2009). While some nursing researchers acknowledge the issue of inter-correlation among subscales in the TFL component of the MLQ (Stordeur et al. 2000), in the main, little critical attention has been given by nurse research to considering the possible impact of the construct validity of the MLQ scale on the generalisability and representativeness of research findings. Two further issues that warrant consideration with regard to the limitations of study design are the extent of common method bias and attributional bias in nursing studies.

### *Common method bias*

Increasingly, studies have sought to understand the relationship between transformational leadership and characteristics of the nursing workforce. These studies have aimed to increase our understanding of how transformational leadership predicts performance or positive work outcomes such as staff nurse effort (Dunham-Taylor 2000; Stordeur et al. 2000), job satisfaction (Chen and Baron 2006; Failla and Stichler 2008; Al-Hussami 2009), organisational support (Al-Hussami 2009), empowerment (Larrabee et al. 2003), leader satisfaction (Stordeur et al. 2000) and personal accomplishment (Kanste 2008). An important limitation of the studies of transformational leadership in nursing is that the majority are based on examinations of leadership and work outcomes from data collected at the same point in time and from the same respondents. Common method bias in this methodology potentially undermines the validity of findings from these studies.

It is recognised that the effects of common source bias inflate the relationship between transformational leadership and other measured outcomes (Bass et al. 2003; Lindebaum and Cartwright 2010). Demonstrating the extent of this bias, a meta-analysis (Lowe, Kroeck and Sivasubramaniam 1996) confirmed that common method bias significantly inflated the relationship between transformational leadership and outcomes reported across studies. Furthermore, Lindebaum and Cartwright (2010) have demonstrated that stronger methodological designs using multirater assessments of transformational leadership and other measured outcomes failed to identify the transformational relationships found in previous studies that were characterised by common method variance.

Using the same respondents to describe leader characteristics and the workplace/workforce outcomes of interest, the issue of common method variance in the majority of studies on transformational leadership in the nursing context potentially inflates the correlations reported and draws into question the validity of the reported findings. Given that serious reservations have been raised in terms of accepting results from studies impacted by common method bias, future studies need to examine validity issues, particularly those that arise from linking leaders or follower's perceptions of leadership characteristics with outcome variables. Addressing this issue may require research designs such as longitudinal studies examining the influence of leadership characteristics upon dependent variables and collecting data at different times and from different sources (Lindebaum and Cartwright 2010).

### *Attributional distortions*

A consistent finding in the literature is that executives and managers overestimate their self-reported transformational characteristics when compared to their followers reported perceptions. This halo effect or attributional bias is recognised to influence ratings of the MLQ, with leader ratings of transformational leadership potentially inflated (Kark 2004). Studies examining the transformational characteristics of nursing leaders, leader performance or leader impacts have typically employed executive nurse or nurse manager self-reports of their own performance and the reported perceptions of staff nurses regarding leader characteristics. Several of these studies report inflated or discrepant leader self-assessment of transformational characteristics compared to subordinate reports of the leader characteristics (McDaniel and Wolf 1992; Prenkert and Ehnfors 1997; Dunham-Taylor 2000; Larrabee et al. 2003; Kleinman 2004; McGuire

and Kennerly 2006; Failla and Stichler 2008; Suliman 2009; Malloy and Penprase 2010).

It has been suggested that the discrepancy in leader and follower reports of transformational leadership can be understood as the cascading effect of transformational leadership within an organisation (Murphy 2005). However, an alternative interpretation is that self-reports of leadership characteristics may have little or no relationships with actual leadership behaviours as demonstrated by McGuire and Kennerly (2006). A number of nursing studies have addressed the issue of same-source ratings by collecting non-same-source data from staff nurses or others in the organisation regarding the performance of leaders. It is important to note that leader self-ratings are higher in the majority of these studies, and correlations decrease in strength and significance once non-same-source ratings are considered. The array of studies that infer from same-source rating in assessing the strength of transformational leadership in the nursing context is considerable. This poses problems in the interpretation of findings as they may be prone to method bias.

In light of the repeated observations that nurse leaders provide inflated self-reports of their transformational characteristics when compared to reports by their followers (Bowles and Bowles 2000; Dunham-Taylor 2000; Kleinman 2004; McGuire and Kennerly 2006; Failla and Stichler 2008; Suliman 2009), and followers may overestimate the extent of distant leader transformational characteristics; studies employing leader self-reports or distant leader reports of transformational characteristics should be interpreted with caution. The inclusion, and in some instance, primary reliance upon self-assessments of leadership characteristics potentially overestimates the evidence regarding the extent of transformational leadership in the nursing context. Similarly, biases due to the halo effect, social desirability biases and same-source variance pose threats to the validity of studies and might produce misleading results.

## **DISCUSSION**

It is now more than 20 years since the transformational paradigm was introduced into studies of leadership. Although much research attention has been directed towards the concept, it has evolved little over this time (Kark 2004). Even though theory provides an essential guide to research, the fact that research on nursing leadership has been largely influenced by Burns and Bass's interpretations risks perpetuating the assumption that consensus already exists on the nature of nursing leadership, and as a consequence, there is little need to empirically investigate alternative understandings.

The transformational theory of leadership has focused attention on the characteristics of leaders and their vertical influence over followers. However, we know little about how leadership is evoked across organisations, actual leadership behaviours enacted in the nursing workplace, how context influences leader behaviour or the interpretation of leader behaviour or the dynamics within organisations that foster leadership by those not in designated positions of leadership. It is increasingly evident that leadership occurs at all levels of an organisation, reducing the importance of traditional charismatic, heroic and strategic interpretations of leader-led behaviour and change. The emergence of alternative empirical models, such as servant leadership with its focus on leader humility, self-awareness, transparency and moral conduct (Dennis and Bocarnea 2005; Jackson 2008), authentic leadership that seeks to transcend charisma and symbolic status (Avolio and Gardner 2005) and more proximal forms of transformational leadership (Alimo-Metcalfe and Alban-Metcalfe 2005), suggests there is much about leadership that remains largely unexplored in the nursing context.

Importantly, the potential darker or less romantic features of leadership have been given little attention in the nursing literature. The overly optimistic interpretations of leadership favoured in nursing have meant that little acknowledgement has been given to the fact that leaders can do harm – either intentionally or unintentionally. Research into bullying and wrong-doing within the nursing context have identified the importance of considering the damaging dimensions of negative leadership behaviours (Jackson et al. 2012), especially when they are linked to avoidant or corrupt forms of nursing leadership (Hutchinson et al. 2009).

In nursing, there has been a predominant focus upon understanding leadership in terms of what are good for the leader rather than the follower. In the main, followers are seen to play a passive role; they are the dependent variable under the influence of leader characteristics and behaviours (Jackson and Parry 2011). No attention has been given to understanding followers as constructors of leaders, followers as moderators of leader impact or follower as co-constructors of leader success or failure.

As noted, there has been a tendency among nurses researching leadership to repeatedly recycle the same methodological approach with little attention given to its limitations. Although there are methodological justifications for repeating studies using the same instrument or methodology, to largely ignore other interpretations of leadership risks narrowing rather than extending knowledge. Given the potential limitations of the transformational model and the design limitations of many studies, it is possible that the claims made by proponents regarding the extent of transforma-



tional leadership in nursing are overstated. In some instances, assertions have been made that nursing leadership styles are predominately transformational when the data presented provides alternative or less unambiguous explanations (Suliman 2009).

With leaders consistently rating their transformational characteristics more highly than their followers, questions must be raised as to whether nurse leaders really are as transformational as reported in studies. Rather than continuing to measure leader self-reports and followers reported perceptions of leadership characteristics, it may be more fruitful for future research to consider assessing the extent of actual leadership behaviours rather than continuing to focus upon perceptions of leadership. It has been suggested that leadership is best studied from the point of view of those who are meant to be most affected (Harns and Crede 2010). In nursing, there has been a predominant focus upon understanding leadership for the good of the leader or followers.

## CONCLUSION

We have sought to raise discussion on the potential limitations of the transformational model of leadership. Without diminishing the contributions of previous research and writing, we believe it is timely to review the substantive nature of the evidence for transformational leadership as it has been applied in the nursing context. The emergence of studies seeking to develop alternative interpretations of nursing leadership illustrate that there are many aspects of leadership that remain unexamined and fruitful new avenues to explore (Stanley 2008; Patrick et al. 2011). Much work remains to be performed in expanding our conceptualisation of nursing leadership. It is clear that more attention must be paid to ethics and values in leadership research, particularly the role of integrity.

Leadership failure has been associated with suboptimal clinical outcomes and a poor-quality work environment for nurses (Garling 2008). However, much nursing research and scholarship in the area has had a narrow focus with a predominance of work on a single model – transformational leadership. While there are a number of data-based papers attempting to measure the effects of this leadership approach in the clinical environment, theoretical weakness in the model and limitations in research design mean that convincing evidence remain weak. In view of the critical importance of effective leadership to nurses and patients, it is imperative that nurse-researchers and scholars are open to embrace or lead new ways of thinking about leadership. We suggest it is time for a more comprehensive and contemporary interpretation of nursing leadership, one which is cogni-

sant of the complexities and challenges of the healthcare environment.

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