

Leadership: A Nursing Perspective

Sharon Richardson, Patricia Valentine,
Marilynn Wood and Dianne Godkin

Le groupe de travail pour les Collaborative Nursing Education Models (Modèles d'enseignement en commun des sciences infirmières) représente une collaboration fructueuse entre infirmières-cadres. On a étudié la nature de la direction au sein du groupe de travail; cela faisait partie d'un projet de recherche plus vaste qui examinait le processus de collaboration évoluant durant les quarante mois de son existence (d'octobre 1987 à février 1991). On a utilisé une méthode d'étude de cas qualitative et rétrospective. Les données collectées venaient de l'analyse des documents que le groupe avait rédigés et de trente-six entrevues semi-structurées avec les vingt-huit participantes au groupe de travail. Les résultats et les conclusions sur la direction ont été validés au cours d'une entrevue finale du groupe qui comprenait huit participantes sélectionnées. Les résultats de cette étude soutiennent les affirmations suivantes : les femmes dirigent différemment des hommes, et la direction est un processus collectif plutôt que le rôle spécifique d'une seule personne qui influencerait le travail des autres membres du groupe. On a découvert également que la direction effectue une rotation parmi les participantes, en fonction des questions étudiées et des compétences des personnes présentes. Ces résultats sont en désaccord avec les théories positivistes de direction qui prévalent actuellement dans les manuels de gestion en sciences infirmières.

The Task Force for Collaborative Nursing Education Models was a successful collaboration involving female nurse administrators. The nature of leadership in the Task Force was studied as part of a larger research project examining the process of collaboration that evolved over the 40 months of its existence (October 1987–February 1991). A retrospective qualitative case study approach was used. Data were collected from an analysis of documents that had been generated by the group, and from 36 semi-structured interviews with the 28 Task Force members. Findings and conclusions about leadership were validated during a final group interview with eight selected members. Findings of this study support the following contentions: women lead differently than men, and leadership is a collective process rather than a specialized role assumed by a single person who influences the work of other group members. Leadership was also found to rotate among group members according to the issue being considered and the expertise of those present. These findings did not support the positivist theories of leadership prevalent in current nursing management text books.

Leadership has been an important part of nursing management literature for several decades. Many articles and textbooks for novice and experienced nurse managers espouse a particular theory or concept of leadership. Most approaches to nursing management are borrowed from the copious literature of business, psychology, sociology, political science, public administration, and educational administration. Unfortunately such borrowing means that nurses are unaware of the uncertain state of knowledge about leadership and recent widespread discontent among social science researchers with the knowledge accumulated (Calas & Smircich, 1988; Dachler, 1988; Hunt,

All the authors are associated with the Faculty of Nursing, University of Alberta, Edmonton, Alberta: Sharon Richardson, Ph.D., R.N., is Associate Professor; Patricia Valentine, Ph.D., R.N., is Associate Professor; Marilyn Wood, DPH, R.N., is Professor & Dean; and Dianne Godkin, M.N., R.N., Research Assistant.

Baliga, Dachler & Schriesheim, 1988; Reed & Hughes, 1992; Shakeshaft, 1987; Yukl, 1989).

Almost all nursing management literature on leadership reflects a positivist, empiricist tradition of social science scholarship. As Dachler (1988) notes, this perspective of science is based on the assumption that the reality to be investigated is concrete and objective. Leadership is seen as a reality that exists separate from the scientist who observes it. Scientific progress means that isolated facts are accumulated and aggregated into some sort of relationship so that the observer comes closer to "knowing" the true nature of leadership. Examples of empirical theories of leadership often discussed in nursing management literature include Path-Goal (House, 1971; House & Mitchell, 1974), Situational Leadership (Hersey & Blanchard, 1969, 1988), Normative Decision Theory (Vroom & Yetton, 1973), Contingency Theory (Fiedler, 1967; 1978), Transformational Leadership (Burns, 1978), and Charismatic Leadership (Conger & Kanungo, 1987, 1988; House, 1977). A review of commonly used nursing management texts shows that these theories still constitute the backbone of current presentations of leadership (Hibberd & Kyle, 1994; Marquis & Huston, 1992; Marriner-Tomey, 1992; Sullivan & Decker, 1992).

Recently, a different set of assumptions about the nature of science has focused interest on the processes by which researchers come to understand leadership phenomena (Dachler, 1988). Leadership is seen as something that cannot be known independent of the scientific observer; rather leadership is a reflection of the way in which a society chooses to define and ask questions about it. Understanding leadership becomes an ongoing process rather than a finite objective. There is no single theory or conceptualization of leadership. Within this evolving paradigm, leadership can be conceptualized as a product of complex social relationships in which leadership is a collective process shared among group members. The basic unit of analysis is the group rather than the individual. Leadership need no longer be conceptualized as a specialized role assumed by a single individual who has influence over other members of a work group.

Since gender may influence the ways individuals and groups define leadership and engage in it, leadership can also be expanded to include knowledge arising from feminist perspectives. Historically, most subjects of leadership research have been white males. As Shakeshaft (1987) noted, such research "is an outgrowth of a male-only conceptualization that presumes the universality of the male experience" (p. 160). Only recently have women been included in leadership research, and then primarily in empirical studies comparing leadership styles of women and men (Baird & Bradley, 1979; Camden & Witt, 1983; Eagly, Makhijani, & Klonsky, 1992; Forsyth, Schlenker, Leary, &

McCown, 1985; Helgeson, 1992; Loden, 1985). Meta-analysis of such research led Eagly and Johnson (1990) to conclude that "The view ... that women and men lead in the same way should be very substantially revised" (p. 248). This acknowledgement of gender-related differences in leadership styles has resulted in what Calas and Smircich (1992) call the "women-in-management" literature, and has predisposed women to what Stivers (1991) identified as a leadership dilemma. Women must either be better than men at leadership as already defined by men or change organizations to better fit women's leadership values and characteristics.

Background of the Study

The investigators' dissatisfaction with current positivist theories of leadership derived from research on male subjects stimulated exploration of leadership in an all-female work group. The investigators' own extensive experiences in such groups supported an initial notion that women lead differently than men. This notion was reinforced by the realization of the uncertain state of knowledge about leadership and the recent widespread discontent with the knowledge accumulated. It was further reinforced by the paucity of research on female leadership; the ways in which all-female work groups experience and engage in leadership has not been researched. In 1987 a unique opportunity to examine leadership in an all-female work group arose: the directors of five nursing education programs in a major Canadian city formed a Task Force for Collaborative Nursing Education Models (hereafter called the Task Force) to explore ways to increase student access to baccalaureate nursing education. The directors represented three hospital diploma programs, one community college diploma program, and one university baccalaureate program. Membership in the Task Force expanded from five to nine during its first year, then to 28 as other nursing education stake-holders were invited to join. Three years after its inception, the Task Force had developed a four year baccalaureate program in nursing to be offered collaboratively by all five schools and had received provincial government approval. The Task Force overcame many obstacles to achieve this goal, including protracted "foot-dragging" by the provincial government department responsible for approving new programs. This innovative program would more than double the number of graduates entering the labour force with a degree in nursing.

The purpose of the current article was to highlight findings about leadership that resulted from a qualitative study of this successful collaboration of female administrators. The authors focus exclusively on leadership as experienced by the Task Force. The following research questions guided the overall study: What was the process of collaboration that evolved over the 40 months of the existence of the Task Force? How were decisions made? How was conflict handled? How was leadership demonstrated?

The investigators expected that the leadership experience of the all-female Task Force would be different from traditional concepts of leadership espoused in nursing management literature and that these differences would reflect a collective process shared among group members rather than a specialized role assumed by a single individual.

Social World of the Task Force

The Task Force began as a group of female nursing program directors who had not worked together before, although some individual members had previously known each other in various roles. At the outset, there were many biases and considerable mistrust. Participants at the first few Task Force meetings commented that they were "not overly optimistic" about the outcome of the endeavour. When the nursing profession had called for a baccalaureate degree in nursing as the basis for entry to practice, this had created considerable conflict among nurses in general, and this conflict was reflected in Task Force members' initial interactions with one another. In the beginning, mistrust was focused on the university, which was perceived as having a power advantage and suspect motives for entering into a collaboration with the diploma programs. According to members, the "demystifying of the Faculty of Nursing," which occurred early in the life of the Task Force, facilitated the development of trust. Over time, a high level of trust developed, particularly among program heads, to the extent that they immediately informed each other when government officials phoned them separately for any reason. This was very different from their previous way of operating in which such calls would have been treated as confidential.

In the beginning, Task Force members were concerned about maintaining separate identities and spoke about "our students" and "our program." They worried about being "consumed" by the university. They were concerned about how each school would fit into the new program and what their future roles might be. This uncertainty was ameliorated somewhat when the university faculty agreed to focus on teaching the third and fourth years of the collaborative baccalaureate program, leaving the first and second years to the collaborating partners. The decision to have one standard curriculum, made a year after the first meeting of the Task Force, indicated a lessening of the need to maintain separate institutional identities and was a strong indicator of mutual trust. The process of collaboration involved preparing a jointly sponsored baccalaureate program without organizational amalgamation of the participating schools. Each nursing school retained distinct organizational autonomy, continued to report to its own board, retained its faculty under existing collective agreements, and continued to operate as a distinct corporate entity.

Initially, Task Force members were concerned that all partners should be treated equally and participate with equal voice. There was uncertainty about "a level playing field," especially after one of the schools became a department of the university with first choice of student transfers into third year of the baccalaureate program. This preferential treatment was an issue for the other schools, until an offer was made to forgo it and students from all four diploma schools had equal opportunity to transfer. Because of enrolment limits in the university, only half of all students admitted to the first year of the collaborative baccalaureate program could be accommodated in third year. The remainder would take a diploma completion option with subsequent access to post-R.N. baccalaureate programming. The criteria used in selecting students for transfer, the number of students each partner could transfer, and who would make the final decision were major issues for the Task Force. It was important to the diploma schools that the university not assume complete control over transfer. A fair solution was achieved by deciding that the number of students transferred from each school would reflect the proportion of all collaborative program students admitted by that school. Each school would rank their own students according to previously agreed upon general criteria of academic and clinical performance, and the university would accept these rankings. Fairness was also promoted by equal representation on all Task Force committees so that no single school could exert undue influence.

Method

A retrospective case study using qualitative methods was employed to investigate the process of collaboration experienced by the Task Force (Woods & Catanzaro, 1988). The case study approach was selected as most appropriate for examining the process of collaboration in detail from the Task Force members' perspective, rather than from a priori assumptions (Guba & Lincoln, 1994; Lincoln & Guba, 1985), and for exploring a previously unresearched phenomenon: collaboration among members of an all-female task group (Polit & Hungler, 1992; Treece & Treece, 1986). It also enabled collection of evidence for and against positivist theories of leadership (Burns & Grove, 1993). The study was retrospective because of the time needed to design it and secure research funding. The study examined how the collaboration came into being, how it changed over time, and what contributed to its success. Data collection began in mid-1990, almost three years after inception of the Task Force and six months before government approval of the proposed baccalaureate program. Consent for the research was obtained in writing from the Task Force before research funding was sought. Data collection was completed in mid-1993.

Document Analysis

The first step in the research was to analyze all Task Force meeting minutes, letters, proposals, news releases, and presentations to create a chart identifying events and decisions of the 40-month collaboration. This analysis identified three distinct phases in the work of the Task Force and provided chronologic documentation of key events and major decisions.

Phase I. The first phase began with the initial meeting of the Task Force in October 1987 and ended with establishment in February 1989 of a standing committee for curriculum development, nicknamed 4C (Collaborative Coordinating Curriculum Committee). Significant events and decisions of Phase I were: the university offered to concentrate on teaching the third and fourth years of the baccalaureate program, a philosophy was developed, it was decided that all sites should have one standard curriculum, and a standing committee with equal representation from all schools was created to oversee curriculum development (4C).

Phase II. The second phase began in March 1989 with the development of proposals for formal approval by the five schools and the requisite government departments. The size of the Task Force increased by six members during Phase II and three new standing committees were created: Research and Evaluation, Public Relations, and Faculty Development. Curriculum development was spearheaded by the existing 4C. The Task Force shared information with stake-holders (e.g., nursing service administrators, health care associations, and unions) and solicited their input and support. As Phase II progressed, the Task Force began to encounter overt opposition from the provincial ministry of education, which culminated in ministry refusal to approve the program for implementation in the fall of 1990.

Phase III. The third phase began in February 1990, as the Task Force addressed government's concern about the number of students to be admitted to the program. This phase was characterized by intense and complex activities; the number of significant events and major decisions made outnumbered those made in either Phase I or Phase II. During Phase III, the provincial shortage of nurses disappeared as hospitals began laying off staff. By late 1990, the 100 diploma graduates per year reduction that would result from the collaborative baccalaureate program was no longer a concern to the government. Phase III ended in February 1991 with restructuring of the Task Force into a large Advisory Board and a small Administrative Council comprised of the original five program heads, plus a sixth program head from a regional college.

Interviews

Interviews were conducted by two trained graduate research assistants to minimize bias, since the investigators were well known to members of the Task Force. Each interviewer conducted 14 interviews. Both had previous extensive interviewing experience and were oriented to this research through role-playing interviews with one of the investigators.

All interviews were audio recorded and transcribed for data analysis. Transcripts were coded using the interview questions. The three investigators individually processed data from taped and transcript copies of each interview by unitizing, categorizing, and filling in patterns (Lincoln & Guba, 1985). Data processing resulted in a narrative that was entered into a computer file. These individual narratives were subsequently discussed and debated at research team meetings before being combined and synthesized. Synthesized team-generated narratives were then entered into a another computer file.

Round One. The events, decisions, and chronologic phases identified in documentary analysis were used to create a semi-structured guide for interviews with the initial nine members of the Task Force. These lengthy interviews focused on members' perceptions of the impact of the documented events and decisions. Members were read a standard chronologic synopsis for each of the three phases and asked to elaborate on events and decisions. A set of summary questions concluded each phase. They were asked how decisions were made, how conflict was handled, how leadership was demonstrated within the Task Force, and what members' perceptions were of the collaborative venture during that phase.

Round Two. To narrow the focus of subsequent interviews and ensure a manageable amount of data, specific foci were chosen for the second round of interviews with the 19 individuals who joined the Task Force after its first meeting. These foci were: decision making, conflict resolution, and leadership. Members were interviewed in the order in which they joined the Task Force, and were asked questions only regarding the phases during which they were members.

Interviewers began by reading a standard synopsis of the phase during which the member joined. Members were then asked how they came to join the Task Force and what was going on in the Task Force when they joined. For each of the phases they were a Task Force member, they were asked: (a) What do you recall about the process of decision making within the Task Force during that time? (b) Were there any disagreements among Task Force members? If so, how were they resolved? (c) Were there any situations involving conflict that you recall? If so, how were these resolved? (d) What was your

perception of the group's satisfaction with decisions taken? With the process of decision making? (e) How was leadership demonstrated in the Task Force during this time? (f) Is there anything else you'd like to comment on about this phase?

After the data had been processed, additional topics were identified for which more information was needed, for example, the impact of the government appointed provincial nursing consultant on the collaborative process, and Task Force members' reactions to participating in an aggressive provincial lobby to obtain approval for the collaborative program.

Round Three. Third round interviews were conducted with eight Task Force members to ensure saturation of the data and confirm investigators' understanding of conflict resolution, decision making, and leadership within the Task Force. These members were selected on the basis of their ability to clearly articulate their ideas as evidenced in earlier interviews.

Final Member Check

To test for factual and interpretative accuracy, and to provide evidence of credibility, a final member check was conducted in a group meeting with eight selected Task Force members (Guba & Lincoln, 1994; Lincoln & Guba, 1985). These members represented each of the collaborating schools and all had been Task Force members for at least one year. The meeting was tape recorded and subsequently transcribed. It began with a highlighting of the nature and purpose of the study and an overview of the research methodology. Members were asked to provide feedback on the overall credibility of the case study, to identify any major concerns or issues, and to comment on errors in facts or interpretation. There was total consensus on the investigators' interpretations of conflict resolution, decision making, and leadership, and split consensus on conditions associated with the process of successful collaboration.

Role of the Researchers

Research was conducted by three investigators. A team approach, reflecting researchers' expertise, was used during data collection and analysis. One investigator was a member of the Task Force from its inception until its transformation into the Administrative Council. The other two had not been members. Several factors contributed to the trustworthiness of the study: intimate knowledge of the Task Force and its scope of functioning, the prolonged engagement of the investigators, and the use of multiple data sources and collection methods (Lincoln & Guba, 1985).

Ethical Issues

One of the investigators outlined the proposed study and answered questions at a meeting of the Task Force. Then permission to access Task Force documents and members was obtained in writing. Task Force members were subsequently contacted by telephone to schedule interviews. At the interview, any additional questions were answered and informed consent was obtained in writing. Task Force members were advised that they could withdraw at any time without penalty; however, none did and a 100% response rate was obtained. Although confidentiality could not be guaranteed, anonymity was provided by reporting findings only in aggregate form, and by not naming individuals, their agencies or the geographic locale.

Data Analysis and Results

Round One

Raw data from verbatim transcripts of each interview were individually processed by each investigator by unitizing and categorizing (Lincoln & Guba, 1985, pp. 344-350). Unitizing involved identifying discrete units of information that encapsulated a single idea or a unique meaning. Each unit was the smallest piece of information that could stand alone and offer insight about leadership. Some units were as small as a phrase, while others were as large as a paragraph. These units were coded by the respondent's name and the interview round, and entered into a computer file. Units were then sorted into provisional categories by grouping those with similar characteristics together until all units had been accounted for. Provisional categories were examined for internal homogeneity and external heterogeneity, and if necessary, units were re-sorted. The categories were then named. At a team meeting, each investigator's computer file was discussed and debated before being synthesized into a team-generated classification schema. These were then entered into a computer file identified by interview question and interview round.

Team-generated categories of homogeneous units of data were: *shared leadership*, *rotating leadership*, *formal leadership*, *informal leadership* and *leadership according to expertise*. *Shared leadership* encompassed units of data that inferred there was no single, acknowledged leader; leadership was provided by a variety of individual Task Force members. *Rotating leadership* related to the notion that there were leaders within the group and "different people at different times took leadership with different issues." *Formal leadership* was provided by the chairperson who kept the group on track and focused by arranging agendas, minutes, and locations for meetings, and by drafting discussion materials between meetings. *Informal leadership* by individual Task Force members was acknowledged. *Leadership according to expertise* was characterized by the comment: "Leadership just kind of went around the room, depending on what the issue was." It acknowledged that standing committees took leadership in their area of responsibility (e.g., curriculum design).

Round Two

Raw data from verbatim transcripts of each of the 19 Round Two interviews were processed as described for Round One interviews. Team-generated categories were: *rotating leadership*, *open style of leadership*, *formal leadership*, and *informal leadership*. *Rotating leadership* meant that everyone was a leader from time to time, depending on their expertise and the issue under discussion. *Open style of leadership* reflected "that everybody had an opportunity to speak" and "there was no one leader per se but everybody had a go at it at one point." *Formal leadership* was provided by the chairperson who organized the meetings and focused the group on issues, yet managed to move the agenda along. *Informal leadership* involved contributions of service agency representatives. No substantive change in leadership was recorded from Phase I to Phase II and there was still a strong sense of "shared" leadership with "no power-brokering" or "game-playing."

Round Three

The eight Task Force members interviewed in Round Three were asked how leadership changed as the Task Force grew in size and subcommittees were appointed. Because of the narrow scope of the question, responses were individually summarized before being synthesized into narrative format at a research team meeting. The resultant narrative was entered into a computer file identified by interview round. The nature of the data did not lend itself to processing by unitizing and categorizing.

The majority of the eight interviewees perceived no real change in leadership, while a few thought that the chairpersons of standing committees assumed more prominence. One member saw leadership as being centred in the deans and directors, and in particular, the university dean.

Discussion

Task Force members agreed there was no single leader, and consequently no specific style of leadership in the sense espoused by traditional positivist theories so prevalent in nursing management literature. The prevailing perception was of shared leadership, which rotated among Task Force members according to the issue being considered and the expertise of those present. Over time, some group members participated more frequently than others as leaders; however, no one individual emerged as a paramount leader. Leadership "was more a group leadership rather than a single leadership." Accordingly, "everybody that was on the [Task Force] committee was in a leadership position and it wasn't so much of who was going to provide leadership to the group, it was how can we work together to attain our common goals." As the

Task Force increased in size, especially during Phase III, the chairs of the subcommittees participating in Task Committee meetings further contributed to "dispersement of leadership."

Task Force members highlighted the facilitating role of the chairperson whose activities were described as "mak[ing] sense of it after the meeting as far as minutes or discussion, but keeping us on track too...so we wouldn't go off on a blue yonder and just ramble on and on." However, "It wasn't as if the only leadership was coming from the chair," because the position of the chairperson was "really more of a figurehead and someone who obviously has to organize the agenda and that sort of thing but not what you often think of as the leader or as a powerful person." In fact, a change in the chairperson during the last six months of the 40-month life of the Task Force was reported as having no impact on its activities.

This study supports the conception of leadership as a collective process shared by members of a group rather than a specialized role assumed by a single person. This is in keeping with the emerging trend conceptualizing leadership as a shared process embedded in social systems (Iannello, 1992; Yukl, 1989). Yukl noted that simple, unidirectional models of cause and effect that focus on what a leader does to subordinates have proven inadequate in explaining the complexities and nuances of leadership, especially in large, complex organizations staffed by professionals. Hospitals, public health agencies, and schools of nursing are examples of such organizations. Iannello concluded from a case study of a feminist peace group that the meaning of leadership in a non-hierarchical group is different from that in other organizations, partly because power is not handed to someone. Instead, power emerges as a product of the capabilities and skills of individuals. This approximates the individual expertise of Task Force members. Similarly, the rotating leadership and shared leadership within the Task Force reflect Iannello's finding that the peace group rotated tasks and developed a sense of collectivity suggestive of group rather than individual ownership of outcomes.

Results from the current study also lend credence to the contention that women lead differently than men. In particular, there was evidence of cooperative leadership characterized by debate and discussion, and problem solving based on a mix of empathy, intuition, and rationality. For example, it was noted that "We never took formal votes or anything like that but we had heated debates on some issues and would eventually arrive at consensus."

Importance to Nursing

Have nurse educators been teaching about leadership in ways intrinsically alien to an almost totally female population of students? Have we failed to teach

students how to deal with the difference between what bureaucratic health care agencies, designed by male administrators, perceive as ways of leading, and what female nurses are best at doing? Worse yet, by reinforcing non-female, non-nurse constructs of leadership have we failed to capitalize on the innate abilities of future nurses to influence and change the overwhelmingly male construct of management in health care agencies? These are provocative questions.

Hospitals and community health agencies in Canada are conservative in structure and function. They are often lead by non-nurse male managers who possess little understanding of nursing as a profession or nurses as individuals. Recent budget cutbacks have reinforced the hierarchical nature of Canadian health care agencies, despite earlier short-lived attempts at decentralization. "Down-sizing" of hospitals, in particular, has resulted in high unemployment among nurses and a tendency among those left to adapt and accommodate to existing conditions. In the vernacular, this translates into "putting up with" and "not rocking the boat." It is unlikely that nurses' attitudes and values about leadership can be changed while they are worried about retaining their jobs. However, it is worthwhile for educators to consider offering a different set of leadership values and practices to students who will, in a few years' time, become the practitioners of tomorrow. Since the proportion of graduates entering practice with a degree in nursing is increasing, it seems opportune to reconsider the leadership focus of Canadian university nursing programs.

Recommendations for Further Research

It is a design limitation of a case study that findings and conclusions cannot be generalized. Therefore, additional research on leadership in all-female nursing work groups is needed to confirm the accuracy of the conceptualization arrived at in the current study: Leadership is a collective process shared among group members rather than a specialized role assumed by a single person. Similarly, the concept of leadership that rotates among group members, according to the issue being considered and the expertise of those present, warrants further investigation. Such investigation should initially involve additional case studies of all-female work groups, followed by hypothesis testing research.

The leadership process in all-female nursing work groups should also be examined prospectively. As a retrospective case study, the current research relied on Task Force members' recollections, which may have been influenced by several factors. First, the Task Force was extremely proud of its accomplishment in planning, obtaining government approval, and implementing a very innovative baccalaureate program. They may have remembered their experiences in an unusually positive manner, glossing over less flattering recollections. Second, there was a significant time lapse for many members

between their involvement in the Task Force and their interviews, which may have impeded accurate recollection. Direct observation of group activities in future research would be especially helpful to examine leadership as it happens, rather than as it is recalled through retrospective self-report.

In today's rapidly changing world of health care and education, nurses must continue to position themselves as leaders. The strength of future nursing leadership may lie in overtly practising the cooperative, collaborative style of leadership intrinsic to women's groups rather than becoming "one of the boys." As large organizations such as hospitals, health units, and post secondary institutions restructure themselves to operate more efficiently with less staff, reduce management, and adapt to new technology, leadership will increasingly be played out in a climate of negotiation and collaboration instead of competition and one-upmanship. Nurses can lead the way.

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