NURSING MANAGERS' LEADERSHIP SKILLS: AN INVESTIGATION

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EXECUTIVE SUMMARY

In Malta, the demand for state health care services is on the increase. This increase does not only pose an economic problem, but also a burden on the human resources, especially nurses, working in this sector. However, it is acknowledged that through leadership, human resources can be efficient and effective. Since, Departmental Managers represent the majority of nurses working at the state-funded acute hospital in Malta, this study sought to identify those leadership skills which these managers employ and which they are expected to practice, through a bottom-up approach.

Inspired by grounded theory, this research revealed how employees at shopfloor level are led. Through qualitative inquiry, staff described the leadership skills which Departmental Managers use in their daily work. In fact, it was revealed that Departmental Managers use both positive and negative leadership characteristics. However, whereas Positive characteristics resulted from only one source of information, Negative characteristics were obtained from two different sources of information.

In addition to this, staff put forward the leadership skills which they expect Departmental Managers to practice in their daily work. These leadership skills were compared to what they mentioned as being those leadership skills actually practised by Departmental Managers. In reality, most of the leadership skills which staff stated that Departmental Managers do not practice, they repeated as being those skills which these managers are expected to practice. Interestingly, thirteen skills which staff expects Departmental Managers to practice are emotional intelligence skills.
DEDICATION

To my husband, our daughter, and to my family.
STATEMENT OF AUTHENTICITY

I declare that this is entirely my work conducted in partial fulfilment for the Masters in Health Service Management under the supervision of Dr. J. Azzopardi.

Claire Caruana

June, 2005
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LIST OF ABBREVIATIONS

D.M. or D.N.M.: Departmental Nursing or Midwifery Manager

P.D.N.: Practice Development Nurse or Midwife

E.I.: Emotional Intelligence
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CHAPTER 1:

INTRODUCTION:

The Beginning
Chapter 1 - INTRODUCTION: The Beginning

1.1 BACKGROUND TO THE STUDY

Advances in medical technologies and changes in the economy of industrialised nations have resulted in increased demand for health care services (Cain, 2005; Goleman, Boyatzis, & McKee, 2003; Sadler, 1998; Sofarelli & Brown, 1998; Zairi & Jarrar, 2001). In fact, in Malta, 55% of total government expenditure is allocated to the salaries of human resources working in state health care entities (Azzopardi Muscat & Dixon, 1999). Furthermore, the increased demand for health care services and the limited supply, leads to staff being overworked and unable to cope effectively with the number of patients (Azzopardi Muscat & Dixon).

Consequently, middle management staff is understaffed and maybe inappropriately deployed, and staff have few incentives for productivity or efficiency (Azzopardi Muscat & Dixon, 1999). Hence, Drucker (2000) claims that nurses are only two-thirds as productive as their counterparts 70 years ago. Yet, while much attention has been given by public policy makers to issues of financing and structural transformation in health care, less attention has been given to the needs of the workforce (Dubois, Nolte, & McKee, 2003).

Nevertheless, it has been widely documented that human capital is the lifeblood of every economy, the fuel which drives growth in every country (Dimas, 2004; Drucker, 2002; Moody, 2004). In reality, employees bring knowledge and skills to the work environment (Lancaster, 1999; Moody). They are also in constant contact with consumers, and so, can create good or bad impressions (Kotler, 1991).
Therefore, the performance and strength of health care organisations depends on the skills, motivation, and commitment of the staff providing health care services (Dubois et al., 2003). For this reason, it is recommended that management instils in employees a sense of ownership for the organisation (Kotler, 1991). This can be achieved through leadership (Cohen, 1990; Kouzes & Posner, 1987). Actually, Gonzi (2001) declared that leadership is the key to culture and maintain an active human resource pool for the success of any organisation.

Indeed, leadership at managerial level can make the difference between the success or failure of an organisation (Cohen, 1990; Timmreck, 2000; McNichol, 2001; Turner, 2002). Beyond doubt, world class organisations put a premium on leadership, by drawing the creativity and productivity from employees at shopfloor level (Alder, 1995; Covey, 1992; Drucker, 2002; Farkas, De Backer, & Sheppard, 1995; Gopec, 1998; Hackett & Spurgeon, 1996; Hellriegel & Slocum, 2004; Kouzes & Posner, 1987; McMillan & Conway, 2002; Mullins, 1996; Prabhu & Robson, 2000; Sofarelli & Brown, 1998; Snow, 2001; Swansburg & Swansburg, 2002; Turner, 2002; Zaleznik, 1977; Jackson, 1998).

Even, in health care, different studies within different British trusts revealed that leadership was the single most important criterion both for managerial and organisational effectiveness (Dawes, 2002; Hamlin, 2002; Jackson, 1998). Through leadership, managers have the power to influence and motivate employees to achieve sustainable outcomes, productivity and clinical governance (Collins, 2001; Lancaster, 1999; Mathena, 2002; McNichol, 2001; Donaldson & Muir Gray, 1998; Pappas, Flaherty, & Woolridge, 2004; Sofarelli & Brown, 1998; Valentine, 2002; Wessel-Krejci & Malin, 1997). Therefore, leadership of the employees who deliver the services is the strength of the health care sector (Pappas et al.). Especially important are nursing managers, since these represent the largest volume of
employees (the clinical nurses) in health care (Mathena, 2000). In fact, in Malta, there are
551 nurses per 100,000 population (Azzopardi Muscat & Dixon, 1999). For this reason, as
leaders, nursing managers exploit this human asset, which is essential for organisational
performance (Goleman, Boyatzis, & McKee, 2003).

However, Snow (2001) maintains that less importance has been placed on promoting
leadership in health care, especially in nursing management, than it has been in other
industries. In fact, leadership attained only the fourth place amongst the top five functions
most commonly used by middle managers, in health care organisation (Timmreck, 2000).

1.2 THE PURPOSE, SIGNIFICANCE AND BENEFITS OF THE STUDY

The purpose of the study is to explore the leadership skills which nurses who are middle
managers use in order to inspire and motivate employees. Besides, it investigates those
leadership skills, with which employees prefer to be led. In turn, these skills are compared to
emotional intelligence skills.

This study is both enlightening and innovative. It is enlightening, since no previous research
study in Malta, has been documented to having explored the actual leadership skills which
middle managers in the nursing field use. Furthermore, it is innovative since no research
study was traced in the literature, whereby followers were asked to cite the leadership skills
with which they wanted to be led.

In an era of quality assurance and outcomes-oriented medical care, this study evaluates and
gathers information about organisational and managerial actions (Hutchinson & Wilson,
2001; Llewelyn, 2003; Partington, 2000). It contributes to an understanding of the current
situation through a bottom-up approach. Indeed, employees uncover the leadership skills which nursing middle managers use, and express their needs in relation to the leadership skills which they expect these managers to employ. This research provides also insights as to whether emotional intelligence skills are amongst these skills. Moreover, since management will undergo a reform in view of the migration of St. Luke's Hospital to Mater Dei Hospital, the findings of this study can be used as a fundamental basis for improvement, change and/or innovation (Busuttil, 2002; Jones, 1995; Mays & Pope, 1995; Miller & Crabtree, 1999).

1.3 AIM AND OBJECTIVES OF THE STUDY

The aim of this study is to look into the leadership skills used by Departmental Nursing Managers, and compare these with the leadership skills deemed as important by their subordinates.

The objectives of this study are:

1. To assess the knowledge of Ward Managers regarding leadership skills,
2. To describe the leadership skills currently used by Departmental Managers,
3. To determine the leadership skills that employees wish Departmental Managers to adopt,
4. To assess the knowledge of Ward Managers about emotional intelligence, and
5. To explore whether emotional intelligence skills could be a prerequisite for nursing leadership.
1.4 RESEARCH QUESTIONS

The research questions which this study addresses are the following:

1. What do Ward Managers know about leadership? What do they know about the leadership skills which managers are expected to practise?

2. According to employees, what are the leadership skills which Departmental Managers use in their daily work? Do they use any particular skills?

3. What leadership skills do employees expect Departmental Managers to use? Are these different from the leadership from the leadership skills which employees state that Departmental Managers use?

4. Do employees know about emotional intelligence? Have they read about it? Can they give an explanation of it?

5. Can emotional intelligence be a prerequisite for nursing leadership? Are emotional intelligence skills amongst the skills which employees wish Departmental Managers to exhibit?

1.5 DEFINITION OF TERMS USED

For the purpose of this study, the following operational definitions will be used:

Ward manager: A nurse who is appointed by the Health Department, to manage nursing staff within a ward, unit or outpatient clinic. This nurse can have either the grade of Nursing or Midwifery Officer, or the grade of Deputy Nursing or Midwifery Officer

Departmental Manager (D.M. or D.N.M.): A nurse or midwife, who is appointed by the Health Department in the grade of Departmental Nursing or Midwifery Manager, to manage a nursing department, such as surgical care department.
**Practice Development Nurse (P.D.N.):** A nurse or midwife who is appointed by the Health Department to promote evidence-based nursing practices in order to enhance patients’ care.

**Leadership model:** The behavioural process of a leader that can be observed indirectly. A model illustrates a theory.

**Leadership style:** The behaviour of a leader as a result of mannerisms and cultural norms.

**A skill:** The use of ability and expertise in carrying out a task.

**A competency:** The use of knowledge, skills, and abilities for successful performance.

**An emotion:** A feeling and its distinctive thoughts, psychological and biological states, and range of propensities to act, such as: anger, fear, and enjoyment.

**Emotional intelligence (E.I.):** The recognition and understanding of emotions in the self and in others, and the use of intuition and principles to guide behaviour in responding to these emotions.

**Effectiveness:** The relationship between what a person is expected to achieve and what he/she actually achieves.

### 1.6 Overview of the Study

Whereas this chapter, (chapter 1), highlighted the background, purpose and aim of this research study, the next chapter (chapter 2) will recount what is documented in the literature about leadership in management. Chapter 3 describes the methodology used in carrying out
the study which was an overall qualitative strategy inspired by grounded theory. The following chapter, that is chapter 4, reports the results which were obtained from three different sources of information and using three different data collection methods. It is interesting that two different sets of results were obtained from one of the sources. Chapter 5 then correlates the findings with what is documented in the literature. Finally, chapter 6 illustrates the main conclusions of this study, and the recommendations a which can be implemented.
CHAPTER 2:

LITERATURE REVIEW:

*The Documented Facts*
Chapter 2: LITERATURE REVIEW: The Documented Facts

2.1 INTRODUCTION

This review seeks to identify the leadership skills which managers use. An extensive literature search, from 1987 to date, has been carried out using the electronic databases CINHAL, MEDLINE, and Emerald Management Reviews at the University of Malta. Searches through various internet websites, including the emotional intelligence consortium website, enabled the author to gather further literature. The key words used were ‘leadership’, ‘management’, ‘leadership skills’, ‘emotional intelligence’, ‘middle managers’, and ‘nursing and leadership’. Due to the limited number of articles which are available at the University of Malta, additional literature was brought from the Royal College of Nursing Library in London.

In this chapter, Section 2.2 describes various definitions of leadership. Section 2.3 illustrates how leaders manage to achieve their goals, such as by following certain leadership models or leadership styles, or even by adopting particular skills. Prominence is given to emotional intelligence skills and their relationship to managerial leadership, since these seem to be the latest trend.

2.2 WHAT IS LEADERSHIP?

Various definitions of managerial leadership have been identified in the literature:

“Leadership is the process of developing a vision, living by values that support those ideas and that vision, influencing others to embrace them in their own behaviours, and making hard decisions about human and other resources”

(Hellriegel & Slocum, 2004).
“Leadership involves building responsibility and achievement into the workforce, by treating the latter as a personal resource and placing them where their strengths can be most productive” (Drucker, 1999).

“A process in which a person inspires a group of constituents to work together using appropriate means to achieve a common mission and common goals” (Swansburg & Swansburg, 2002).

Although different, these three definitions highlight the distinct feature of leadership, that is, the relationship between the leader and the followers. Leadership is a dynamic two-way process based on a leader-follower relationship (Gopee, 1998; Hellriegel & Slocum, 2004; Maccoby, 2004; Mahoney, 2001; McNichol, 2001). Therefore, leaders at managerial level, exercise influencing tactics in order to motivate employees to achieve organisational goals, and employees follow because they want to (Bennis, 2004; Gopee, 1998; Howatson-Jones, 2002; Kouzes & Posner, 1987; Mullins, 1996; Prentice, 2004; Yukl, 1989). Hence, a psychological contract exists between managers and employees if these are in leaders-followers relationship (Mullins; Zaleznik, 1977).

2.3 How do leaders achieve their goals?

Leadership is an outcome of getting employees to do their jobs effectively (Goleman, 2004). Historically, different leadership models and styles have been put forward to suggest the skills which leaders use in order to achieve this goal. However, contemporary authors advice the use of different skills irrespective of these models or styles. The models, styles and skills which were mostly cited in the literature, are described.
2.3.1 The Leadership Models and Styles

According to Hellriegel and Slocum (2004), the Traits Model is the most basic, oldest and most popular leadership model. This model claims that successful leaders are only those born with certain personality traits, such as: self-confidence, achievement orientation, honesty, integrity and intelligence (Hellriegel, Jackson, & Slocum, 2002; Hellriegel & Slocum; Mullins, 1996; Swansburg & Swansburg, 2002). On the other hand, the Behavioural Model focuses on the behaviour of leaders (Hellriegel & Slocum). Leaders who follow this model, use consideration to foster trust, and empathy, but also initiating structure to direct employees through planning, delegation, scheduling and giving orders (Hellriegel & Slocum). The skills advocated by these models can be applied in any situation. In contrast to this, the Hersey and Blanchard's Situational Model endorses the use of different skills according to the demands of any particular situation (Hellriegel & Slocum; Swansburg & Swansburg). These skills include coaching, directing, and participation.

However, leadership models did not address the full range of questions and issues about effective leadership (Hellriegel & Slocum, 2004). As result, a number of leadership studies have focused on the development of leadership styles (Swansburg & Swansburg, 2002).

Using Kurt Lewin's Autocratic-Democratic-Laissez Faire Style, leaders are autocratic, whereby decisions are taken only by them; democratic, whereby followers are encouraged to participate in decision-making, and so foster teamwork; or else laissez-faire, whereby leaders abstain from their role (Swansburg & Swansburg, 2002). On the other hand, the Charismatic Leadership Style emphasises that leaders use emotional empathy in order to help followers meet their own needs, and develop in them a strong emotional commitment to a vision (Cohen, 1990; Gopee, 1998; Hellriegel & Slocum, 2004; Thomas, 2004). Then again, the Transformational Leadership Style promotes the use of inspirational motivation, intellectual
stimulation, influence and individual consideration to motivate their followers, thereby fostering synergy and teamwork (Gopee, 1998; Sofarelli & Brown, 1998; Tate, 1999; Valentine, 2002).

In spite of the development of these models and styles, researchers still have not agreed on the best model or style which leaders should use in order to be effective. In fact, Gopee (1998) argues that contemporary leadership should be a fusion of the three models mentioned above. As yet, Maccoby (2004) advocates the use of the charismatic style in any situation. On the other hand, Armstrong (1998) claims that effective leadership depends on the situation, the characteristics of the group, the task to be done and the personality of the leader. Moreover, Hellriegel et al. (2002), claim that most of these models and styles may not be popular anymore, since their use may not have the desired effects.

In fact, the results of a local unpublished study by Xuereb (2001), revealed that, managers scored themselves higher in consideration (Behavioural Model) than they were scored on by their employees. Therefore, although managers were using consideration, their perception and that of their employees was not congruent.

Furthermore, the study by Sharples (2003), showed that managers who foster the autocratic or laissez-faire leadership style were unpopular amongst their workers. The adoption of these styles created a ‘social distance’ between the leaders and the followers and resulted in job dissatisfaction amongst the employees. Conversely, leaders who used the democratic style, enhanced cooperation, participation and understanding (Sharples).

These results show that leaders cannot use just one model or style constantly. In fact, researchers have studied the attributes of leaders for decades (Swansburg & Swansburg,
Thus, from the literature read, different skills have been identified as being skills pertaining to effective leaders.

2.3.2 The Leadership Skills Used by Effective Leaders

Leadership addresses the value-added capital of any organisation, and so its productivity (Moody, 2004). Since the late 1980s up to today, different leadership and management gurus have advised the use of certain skills by leaders. Most of these contemporary leadership skills are the results of American scholars in response to the inflation and competition experienced by America in the 1980s (Kellerman, 2004). Consequently, different leadership experts advocated that business, health care and nursing leaders needed to employ various skills ranging from self-management to managerial skills.

Leaders manage themselves. Indeed, Carr-Ruffino (1993), Handy (2002), and Kotter (2003) claim that leaders use self-confidence, to enable them to make decisions. Furthermore, effective leaders foster optimism and are consistent, since followers will listen to the genuineness of the leaders' words, but will look for it in the leaders' actions (Kotter; Kouzes & Posner, 1987). Leaders are also assertive, but able to maintain self-control (Hellriegel et al., 2002; Kets de Vries, 2004).

According to Tichy (1997), the ultimate test of leadership is sustained success of the organisation through the constant cultivation of other leaders. Such leaders use teamwork to achieve this goal (Swansburg & Swansburg, 2002). Teamwork has the potential to raise the performance of each employee, through the combination of the productivity of different employees, thus fostering trust and cooperation (Kouzes & Posner, 1987; Swansburg & Swansburg). These leaders inspire employees to attain a vision, coach them and encourage them through positive feedback (Bennis, 1999; Cain, 2005; Drucker, 2002; Kasser &
Meldrum, 1995; Tichy; Kouzes & Posner). However, in order to achieve this goal, leaders spend time with followers (Cain; Drucker). Being on the shopfloor with employees, not only enables leaders to coach followers but also enables leaders to develop hands-on business experience. Indeed, leaders need to be technically proficient (Bennis; Tichy). This in turn enables leaders to influence employees by acting as their role models because, leaders lead by example and are able to do everything they ask from their followers (Cohen, 1990; Mahoney, 2001; Offerman, 2004).

In addition to this, leaders value people and the relationships that they develop with them, through the use of communication and empathy (Carr-Ruffino, 1993; Dulewicz, 2000; Rayner, Chisholm & Appleby, 2002; Sofarelli & Brown, 1998; Tate, 1999). Actually, top executives claim that effective communication is essential for positive human relations and consequently, organisational effectiveness (Timmreck, 2000). Through communication with employees, leaders build networks of contacts by which they can disseminate their vision (Alder, 1995; Anderson, 2001; Dulewicz, 2000; Hellriegel et al., 2002). Moreover, through empathy, leaders show their concern for the personal contribution of each employee to the organisation (Cohen, 1990; Collins, 2001; Farkas et al., 1995; Firth-Cozens, 2004; Hackett & Spurgeon, 1996; Jay, 1996; Lancaster, 1999; Offerman, 2004; Simpson & Keegan, 2002; Sofarelli & Brown, 1998; Timmreck, 2000). In fact, empathy is used to counteract traditional and bureaucratic management styles (Swansburg & Swansburg, 2002; Zaleznik, 1977).

Furthermore, as managers, leaders use planning skills, and act as change agents (Barrett, 2004; Bennis, 2004; Begun & Kaissi, 2004; Cohen, 1990; Dulewicz, 2000; Gopee, 1998; Hackett & Spurgeon, 1996; Mahoney, 2001; Offerman, 2004; Tate, 1999; Tomey, 2000; Tichy, 1997; Turner, 2002; Yukl, 1989). Leaders also use problem-solving skills, since their success lies within their problems (Cohen). Additionally, they do not use legitimate or
coercive power but, instead use conflict management skills and influencing skills (Takeuchi, 2004; Yukl).

As yet, although different authors suggested the use of different leadership skills, the findings by Skinner and Spurgeon (2005) revealed that individual skills such as empathy was not a major influencing factors in leadership effectiveness. Instead, the overall behaviour of the leader was. Accordingly, different research studies were carried out in general, health care and nursing management, highlight the use of a combination of leadership skills.

Indeed, Zairi and Jarrar (2001) demonstrated that communication and coaching were critical roles for leaders in terms of organisational effectiveness. On the other hand, Christian and Norman (1998), showed that the core skills which managers, as leaders should practise, include motivating skills, teamworking, and acting as change agents. In nursing research, Stordeur, D’Hoore, and Vandenberghhe (2001), showed that nursing leaders who foster coaching, and inspire a vision generate a favourable climate and do not influence emotional exhaustion. Mahoney (2001) claimed that the qualities which a nursing leader should possess include: self-confidence and teamworking. In addition to this, communication, negotiation and conflict management skills were identified by nursing managers as being critical to the success of their role (Mathena, 2002). Thus, some of the skills which are recommended to be used by leaders are congruent for general, healthcare and nursing managers.

What is more, is that lately, a common set of leadership skills were put forward in the literature and are being advocated to be used by any manager (Vitello-Cicciu, 2002). These are the Emotional Intelligence skills, which were developed specifically for managerial leadership by Daniel Goleman. Goleman (1996), asserted that in order to be effective and motivate employees, managers, as leaders need to use these skills. Such assertion is
undeniably widely documented in the literature, as it is supported by Gutstein (2004), Jung (2004), Everett (2004), and Snow (2001).

2.3.3 EMOTIONAL INTELLIGENCE (E.I.)

Emotional intelligence is defined as the leaders' ability to handle themselves and their relationships (Goleman et al., 2003). Consequently, emotional intelligence refers to the ability to make better use of the energy of emotions by connecting with oneself and others (Childs 2001; Cooper & Sawaf, 2004).

Goleman et al. (2003) claims that although emotions and moods may seem trivial from a business point of view, they have real consequences for getting work done. Actually, Tomey (2000), states that these are related to productivity, quality, and job satisfaction. Therefore, since leaders inspire human resources to be voluntarily productive, they are also responsible for the atmosphere, emotions and moods in any organisation (Arnold & Plas, 1993; Carr-Ruffino, 1993; Cohen, 1990; Collins, 2001; Mahoney, 2001; Tate, 1999).

Emotions arise in relationships, and emotional information is information about these relationships (Mayer, Salovey, Caruso, & Sitarenios, 2001). Negative emotions result in a brain shift from memory and reasoning to worry, panic, anxiety, frustration and anger (Chopra, 2004; Dulewicz, 2000). Hence, Goleman (2002) argues that the brain is designed so that distressing emotions disable rational thought, whereby work suffers. In contrast, positive emotions greatly enhance an individual's resources and capacity for effective interpersonal interactions and intellectual endeavours (Izard, 2001).

Indeed, various authors in the literature have acknowledged the power of emotions in motivating employees. These include Bennis (2004), Drucker, (2000), Kerfoot (1996), Kotter
(2003) and Tichy (1997). At work, subordinates turn to leaders for direction, inspiration and motivation (Goleman, 2002). Therefore, the leaders’ way of seeing things has special weight (Goleman et al.). Furthermore emotions are contagious, irrespective of the workload (Goleman et al.). Consequently, since emotions are the single most powerful source of human motivation, the primary art of leadership is to prime good feelings in the followers (Goleman et al., 2003; Mayer 2004). This results in resonance (Goleman et al.). Such resonance synergises the weight of academic knowledge and the energy of emotions at the workplace, resulting in creativity, trusting relationships, and maximum utilisation of the employees’ potential (Cooper & Sawaf, 2004; Dulewicz & Higgs, 1998).

2.3.3.1 ORIGINS, BASIS, TOOLS AND TRAINING OF EMOTIONAL INTELLIGENCE

It is documented that emotional intelligence was first described as a concept by Peter Salovey and John D. Mayer in 1990 (Dulewicz, Higgs, & Slaski, 2003; Kierstead, 1999). Goleman, a psychologist and co-chairman of the Consortium for Social and Emotional Learning in the Workplace, extrapolated this concept further, by stating that emotional intelligence refers to the capacity of people to recognise both their own feelings and those of others, to motivate themselves and to manage emotions in their relationships (Goleman et al., 2003).

The development of emotional intelligence is based on recent breakthroughs in brain research, which shows that emotional intelligence is born in the neurotransmitters of the brain’s limbic system, that system which governs feelings, impulses and drives (Goleman et al., 2003). These emotional centres influence the functioning of the rest of the brain, whereby
strong emotions in the limbic system can sabotage the rational mind, resulting in an inability to think ‘straight’ (Goleman, 1996).

Emotional intelligence can be measured by various tools, such as: the 360 feedback tool developed by Goleman himself and the Hay Group consultancy; the Bar-On EQ-i by Reuven Bar-On (Bar-On, 1997 in Petrides & Furnham 2000); and the MCEIST tool by Salovey, Mayer and Caruso (2003). However, there is no agreed methodology for identifying and measuring emotional intelligence competencies (Catano, 2001). As yet, the use of multiple tools can be used to elucidate additional aspects of this psychological paradigm, in view of its recent identification (Emmerling & Goleman, 2003).

In spite of this lack of consensus about the measurement of emotional intelligence competencies, the results of research studies carried out by Everett (2004), Luskin, Aberman, and De Lorenzo (2005), Slaski (2000), and Boyatzis, Stubbs, and Taylor (2002) showed that after receiving training in emotional intelligence skills, managers demonstrated significant improvement in their day-to-day operations.

2.3.3.2 THE EMOTIONAL INTELLIGENCE COMPETENCIES

Emotional intelligence is divided into two major competence skills, the intrapersonal and the interpersonal competence skills (Goleman et al., 2003). Each competence skill is divided into two domains. The intrapersonal competence includes the self-awareness and the self-management domains, whereas the interpersonal competence comprises the social awareness and the relationship management domains. Furthermore, each of these domains is divided into a set of competencies. Diagram 1 shows the two competence skills, the four domains and
the various competencies in each domain, as portrayed by the author in order to aid understanding.

A competency is any characteristic of an individual that is related to successful performance (Catano, 2001). For this reason, a competency implies the use of knowledge, skills, abilities and other factors which are observable or measurable, and distinguish superior performance from average or other performance (Catano). Intrapersonal and interpersonal competence skills and their domains are discussed below.
Intrapersonal competence skills

Intrapersonal competence skills comprise the self-awareness and the self-management domains. These domains enable leaders to concentrate on the task at hand, and channel their moods constructively, without lashing out angrily or slumping into a state of despair (Carlowe, 2003; Goleman et al., 2003; Strickland, 2000). In fact, the results of a study by Rahim and Minors (2003) showed that self-awareness and self-management were positively associated with problem-solving and managerial concern for quality, respectively.

The self-awareness domain encompasses emotional self-awareness, self-assessment and self-confidence. Through self-awareness, leaders identify their feelings and use their ‘gut-sense’ to guide their decisions. Self-assessment enables leaders to recognise their strengths and weaknesses. Moreover, this domain advocates that leaders exercise self-confidence in order to achieve their goals and vision (Alder, 1995; Armstrong, 1998; Casey, 1995; Covey, 1992; George, 2004; Goleman, 1998; Gosling, Offley, Bristow, & Bailey, 2003; McSherry, 2000; Offerman, 2004; Kerfoot, 1996; Sofarelli & Brown, 1998; Strickland, 2000; Tate, 1999).

On the other hand, self-management enables leaders to keep disruptive emotions under control by exercising self-control, whilst demonstrating initiative and adaptability in view of changing circumstances (Cain, 2005; Murray, 1998). Through self-management, leaders display honesty and integrity, and possess a continuous self-drive to improve their performance (Carr-Ruffino, 1993; Goleman et al., 2003; Tate, 1999). Self-management also enables leaders to exercise optimism, whereby they can stay optimistic and upbeat even under intense pressure, and so radiate positive feelings that create resonance (Goleman et al., 2003).
Interpersonal competence skills

Interpersonal competence skills enable leaders to build relationships with their followers and motivate them (Goleman et al., 2003). This competence skill encompasses the domains of social awareness and relationship management.

Goleman et al. (2003) claim that the more emotionally demanding the work, the more empathic and supportive leaders need to be. This support sets the predisposition of employees to satisfy customers (Goleman et al.). In fact, social awareness encompasses the use of empathy, whereby leaders attune to a wide range of emotional signals from their employees and understand situations from the latter's point of view (Carlowe, 2003; Goleman, 1998; Goleman, 2000; Goffee, 2004; Mayer, 2004). By taking into consideration these feelings, leaders can make intelligent decisions that work those employees' feelings into desired outcomes, thereby making resonance possible (Goleman et al.). This domain includes also the competency of service, whereby leaders recognise and meet the needs of their followers (Goleman et al.). These leaders also use organisational awareness to read the currents, networks and politics at organisational level (Goleman et al.; Mahoney, 2001; Rayner, 2002; Tate, 1999).

On the other hand, relationship management comprises the use of inspirational leadership to guide and motivate followers (Goleman et al., 2003). Leaders inspire employees to achieve a compelling vision, with the aim of acting as change agents by motivating employees to desire the change (Barrett, 2004; Bennis, 2004; Boyatzis, 2004; Cohen, 1990; Goleman, 1998; Gopce, 1998; Hackett & Spurgeon, 1996; Mahoney, 2001; Offerman, 2004; Tate, 1999; Tomey, 2000; Turner, 2002; Yukl, 1989; Turner, 2002).
Emotionally intelligent leaders develop their followers through coaching and positive feedback (Goleman et al., 2003). Furthermore, they build networks of relationships and achieve their goals, by using the competency of building bonds and influencing tactics (Goleman et al.). These leaders use also conflict management skills and teamwork (Goleman et al.). Through teamwork, they ensure that the company benefits from the best talents of each team member (Druskat & Wolff, 2001; Goleman et al.; Harman, 2004).

Intrapersonal and interpersonal competence skills enable leaders to communicate both implicitly but also tacitly with their followers, by acting as an emotional guide (Goleman, 1996; Goleman et al., 2003). For this reason, as the pace of change increases and the world of work makes ever greater demands on a person’s cognitive, emotional and physical resources, these invaluable resources will enable both leaders and followers to be more adaptable and flexible (Cherniss, 2000; Pesut, 1998).

2.3.3.3 EMOTIONAL INTELLIGENCE AND LEADERSHIP PERFORMANCE

Goleman (1998) claims emotional intelligence is a fundamental and essential leadership tool to effective job performance regardless of the type of work, since leadership is to get work done through the work of other people. Emotional intelligence enables leaders to merge the complex interplay of people, relationships and roles, so providing competitive advantage for organisations through improved managerial performance (Snow, 2001; Waldman, Kelly, Arora, & Smith, 2004).

Indeed, emotional intelligence skills were distinguishing factors in leadership performance in two different studies (Cavallo & Brienza, 2000; Dulewicz & Higgs; 1998). Even the results of the studies by Stone, Parker and Wood (2005) and Slaski (2000), showed that managers who scored higher in emotional intelligence competencies had better management
performance. This also supported by the findings of Carmeli (2003), whereby emotionally intelligent managers performed their job better than those with low emotional intelligence skills. Furthermore, Bardzil and Slaski (2003), revealed that managers who develop emotional intelligence competencies have demonstrated better health, morale, quality of work life and built closer work relationships. In addition to this, Purkable (2003) showed that emotionally intelligent leaders lead by example and use emotional information to cope, analyse and solve problems. Nevertheless, in spite of this, controversy still exists in the literature as to the applicability of emotional intelligence skills to leadership performance. In fact, Woodrufe (2001) and Heifetz (2004), claim that leadership success may not necessarily be attributed to emotional intelligence.

As yet, the nursing research study which was located, revealed how the extent of emotional nursing leadership mitigated the impact of hospital restructuring on nurses. The results indicated that nurses working for resonant leaders reported significantly less emotional exhaustion, better emotional health, and teamwork with other members of the interdisciplinary team, leading to more quality care by frontline providers (Cummings, Hayduk, & Estabrooks, 2005).

In fact, Freshman & Rubino (2002) assert that emotional intelligence enables nursing leaders to have the confidence to calm and strengthen their organisation during difficult times. As a result, it has been documented that emotional intelligence ranks as one of the key skills which nursing leaders should exhibit (Simpson & Keegan, 2002; Snow, 2001; Sofarelli & Brown, 1998; Strickland, 2000; Cain, 2005; Freshman & Rubino).
2.4 CONCLUSION

Since health care organisations are collections of people, the latter are the capital resource of any organisation (Handy, 1997). Therefore, leadership is necessary in order to motivate employees to do their jobs effectively (Kotter, 2003). For this reason, nursing managers need to put into effect their leadership role by investing in their employees in order to achieve organisational growth (Goleman, 1998; Strickland, 2000). Different models, styles and skills have been identified from the literature as to the abilities which effective leaders should employ. The latest set of skills which have been promoted are the emotional intelligence competencies by Daniel Goleman. However, there is a gap in the literature as to the leadership skills with which followers would like to be led. Thus, this research study will try to identify these skills which nursing leaders practice and those which they are expected to practice, according to their followers. The skills which followers expect nursing leaders to practice are then compared to emotional intelligence skills. The next chapter describes how this research study was carried out.
CHAPTER 3:

METHODOLOGY:

*The Recipe*
Chapter 3 - METHODOLOGY: The Recipe

3.1 INTRODUCTION

This chapter explains the methodology used in order to carry out this study. Section 3.2 illustrates the study design, and Section 3.3 describes the research site. The research methodology, which includes the samples and research methods used to collect information, is illustrated in Section 3.4. Section 3.5 explains the need for the covering letter and its contents. Issues pertaining to validity and reliability are explained in Section 3.6, whereas the ethical issues considered whilst conducting the study are explained in Section 3.7. Section 3.8 illustrates the approvals sought before conducting the study. Section 3.9 describes the data collection procedures and Section 3.10 describes how data analysis was carried out. Finally, Section 3.11 describes the limitations to this study.

3.2 STUDY DESIGN

A descriptive, exploratory research design was used in order to accomplish the purpose of this study. The focus of descriptive research is to study practices that prevail and to generate information related to the personal realms of human experience (Cormack, 1996). Moreover, since emotional intelligence is relatively a new area in current management practices, an exploratory approach allowed the possibility of discovery, by focusing on the interpretation of facts of informants (Cormack, 1996; Nieswiadomy, 1998; Polit & Hungler, 1999).

3.3 RESEARCH SITE

This study was conducted in St. Luke’s Hospital, including Karen Grech Hospital. This is the only large acute hospital in Malta. It comprises 850 beds and is a public hospital, funded by the State.
3.4 Research Methodology

The general strategy which was used for this research study was inspired by grounded theory. This approach was deemed ideal since it enables understanding of behaviour through probing and exploring both implicit and tacit routines of informants (Cormack 1996; Mays & Pope, 1995; Shih, 1998). Furthermore, data is systematically gathered from real-life settings and analysed, leading to theory evolution (Baker, Wuest, & Noerager, 1992; Strauss & Corbin, 1990).

The research methods and the samples employed are chosen according to the overall research strategy. Therefore, these are chosen in relation to a need to obtain information rich in quality (Crabtree & Miller, 1999; Nieswiadomy, 1998). Grounded theory entails also the use of both theoretical sampling, whereby the process of data collection is controlled by the emerging theory, and the constant comparison of joint data collection and analysis (Partington, 2000). Consequently, diversity of ‘key informants’ and research methods is sought (Nieswiadomy, 1998).

3.4.1 The Samples

Two different sources of data were used in order to gather the information required. These were Ward Managers (Sample A) and Practice Development Nurses (Sample B). The latter were chosen serially and theoretically. This means that they were chosen according to the information gathered from the analysed data obtained of Ward Managers (Crabtree & Miller, 1999; Silverman, 2000).

Since Departmental Nursing Managers manage all departments where nurses work, all Ward Managers and Practice Development Nurses working in any of these departments were included in the study.
3.4.1.1 Sample A

Ward Managers who were directly accountable to Departmental Managers were chosen as the initial sample for this study. As shown in Diagram 2, Ward Managers have a direct relationship with Departmental Managers. As a result, they provided useful information regarding the leadership skills employed by their direct superiors, as well as information regarding those skills which they would like their superiors to employ.

Diagram 2: The nursing hierarchy

Manager Nursing Services

Departmental Managers

Practice Development Nurses  Ward Managers
The sampling frame was obtained from the Manager Nursing Services. It consisted of 133 Ward Managers. However, 24 Ward Managers were excluded either because they were not directly accountable to a Departmental Nursing Manager or because they were not working as Ward Managers. Another 4 had to be excluded also due to their daily working relationship with the researcher. Such exclusions were necessary to prevent bias. The remaining population of 105 Ward Managers included 15 who were chosen for the pilot study. Therefore, the resulting population was of 90 Ward Managers. In order to get an insight of the topic to be studied, the researcher decided to test the whole population and get an overview from the Ward Managers working in different departments.

To be eligible to participate in this part of the study, Ward Managers had to:

1. Be enrolled with the Nursing and Midwifery Board,
2. Be appointed in this grade,
3. Have a number of direct subordinates,
4. Have managerial duties in running a hospital ward/unit/outpatient clinic, and
5. Be directly accountable to a Departmental Nursing Manager.

3.4.1.2 Sample B

After analysing the information obtained from Ward Managers, it was necessary to gather more information in order to clarify the emergent issues and concepts. At this point, the researcher had a dilemma whether to test Departmental Managers themselves or to test Practice Development Nurses. The researcher was seeking who would elicit more valuable qualitative information. However, in view of the analysed data which was obtained from Ward Managers, it was decided to test Practice Development Nurses. These were considered as key informants of information that would have otherwise been unavailable (Baker et al., 1992; Crabtree & Miller, 1999).
The sampling frame was again obtained from the Manager Nursing Services and consisted of 7 Practice Development Nurses. As shown in Diagram 2, they are also directly accountable to Departmental Managers, but do not manage staff. These informants work in a horizontal relationship with Ward Managers, their role being similar to that of a clinical nursing champion.

To be eligible to participate, Practice Development Nurses needed to:

1. Be registered with the Nursing and Midwifery Board,
2. Be appointed in this grade,
3. Be responsible for a specific nursing department such as medical, surgical, paediatrics etc., and
4. Be freely willing to participate in the study.

The Practice Development Nurses were contacted personally and all agreed to participate. However, since they work with different rosters, a date where all would be able to participate could not be found. As a result, the focus group date was scheduled when most would be working. Four Practice Development Nurses participated in the focus group session. Although a sample of 4 people may be considered small, Nieswiadomy (1998) argues that there are no set rules about the necessary sample sizes in qualitative research, since the quality of the information obtained is more important than the quantity.

3.4.2 RESEARCH METHOD

Since the research methodology of this study was inspired by grounded theory, it was pertinent to use an overall qualitative approach. A questionnaire was used to gather information from Ward Managers, whereas a focus group was used with the Practice Development Nurses.
As the study was retrospective, the Ward Managers and the Practice Development Nurses were asked to link their responses to the last six months. This offset recall bias and generated useful information for future investigation (Bowling, 2002).

3.4.2.1 THE QUESTIONNAIRE

A descriptive questionnaire with both open-ended and close-ended questions was used to obtain information from the Ward Managers. A questionnaire was used for three particular reasons. First, the researcher wanted to get a general feel of the setting (Huberman & Miles, 1994; Patton, 1980). Secondly, if face-to-face interviews were used, the presence of the researcher might have created tension and anxiety (Patton). Thirdly, since the Ward Managers were required to provide information about their superiors, interviews might have resulted in lower-quality information, as informants could have feared adverse consequences if they gave negative answers (Fletcher, 1998). On the other hand, a questionnaire provided confidentiality and anonymity (Bowling, 2002).

Moreover, the questionnaire provided the vehicle to communicate with Ward Managers (Cormack, 1996; Bowling, 2002). In addition to this, this tool was appropriate to be used for this part of the study, since written documents can also be analysed qualitatively (Morse, 1991). Furthermore, Baker et al. (1992) stated that due to the psychosocial and social processes that are the focus of grounded theory method, sources of data may be inferred from reading the information available.

Description of the questionnaire

The questionnaire had to be constructed by the researcher, as no such research tool could be identified from the literature. The construction of the questionnaire was a time-consuming
task requiring a lot of work and attention to detail. As Oppenheim (1996) suggests, in the planning stage, the main leadership skills were identified from the literature review. These were listed in relation to the aims and objectives of the study. Questions were then developed.

The questionnaire was divided in two main sections. Section A consisted of four factual demographic questions. Demographic questions are easy to answer, and so encourage informants to continue answering the rest of the questionnaire (Nachmias & Nachmias, 1998). Section B consisted of questions scheduled according to a funnelling system whereby general questions were asked first, followed by more specific questions (Cormack, 1996).

Questions were short and simple. Loaded, leading or double barrelled questions were omitted, since these could confuse informants (Bowling, 2002). Positive or negative wording was used purposefully to avoid the risk of affirmation bias (Bowling). In addition to this, questions with similar response formats were not sequenced after each other, in order to offset informants' tendency to stereotype responses (Bowling).

Both closed and open-ended questions were used. Closed-ended questions were more difficult to construct but easier to analyse, and minimised the risk of respondent fatigue (Cormack, 1996). Close-ended questions invited informants to select either one or more options from a set of alternatives. Most closed questions were followed by open-ended questions to enable the researcher to probe for clarification of answers. Open-ended questions asked informants to supply information according to their construct of leadership, the leadership skills employed by their managers, and those skills which they would like their managers to exhibit (Baker et al., 1992; Benzies & Allen, 2001; Haig, 1996; Morse, 1991;
Partington, 2000). Therefore, open-ended questions provided a deeper understanding of the social phenomenon being studied (Silverman, 2000).

All Ward Managers were given the same questionnaire containing the same questions, in the exact same order, and with the same question wording (Bowling, 2002; Polit & Hungler, 1999). The questionnaire was printed on white paper with the wording being in black ink. Text was written in lower case letters and appropriate space was left for answers of open-ended questions. Questions and subquestions were numbered and labelled respectively, as shown in Appendix B. The questionnaire was written in the English language since, nurse education programmes and documentation procedures are all carried out in English. The questionnaire took 20 to 25 minutes to complete. A thank you statement was written after the last question.

The pilot study

A pilot study is a trial-run to determine if the research tool elicits the type of information required (Polit & Hungler, 1999). Hence, in order to ensure that the questionnaire would measure what it was supposed to measure it was tried out, corrected and tried out again as advised by Oppenheim (1996).

The pilot study for the questionnaire was conducted six weeks before data collection. Each participating respondent was informed that he/she was participating in a pilot study. Questionnaires were handed and collected personally. The pilot study was carried out twice.

The first time a sample of 10 Ward Managers was randomly chosen from the total eligible target population. Informants were asked for feedback about the wording, comprehension, layout, time for completion, and also to describe what they thought and/or interpreted each
question. Such information was recorded on an evaluation sheet which informants filled in at the end of the questionnaire. Verbal clarification was also sought.

In order to make the questionnaire more respondent-friendly, some adjustments had to be made. Close-ended questions necessitated the addition of a ‘Not applicable’ alternative in addition to the other two alternatives. Other adjustments included the use of lay terminology rather than academic terms. After making these amendments, the questionnaire was re-piloted with another 5 randomly selected Ward Managers. This time no amendments were required.

3.4.2.2 THE FOCUS GROUP

A focus group interview was chosen in order to elicit information from Practice Development Nurses. The strength of this research tool was its basis in group dynamics which stimulated discussion, and enabled the researcher to gain further insight by delving into the researcher topic in greater depth (Crabtree & Miller, 1999; Kitzinger, 1995). Although in a focus group setting, confidentiality is not provided, colleagues can relate to each other’s comments and may not be afraid to challenge or agree with each other (Bowling, 2002; Kitzinger).

Description of the focus group session

Four Practice Development Nurses participated in the focus group session. All participants were in the same rank of the nursing hierarchy, and knew each other. This facilitated communication and an exchange of ideas (Crabtree & Miller, 1999).
For the focus group interview, the researcher asked the participants to relate ‘leadership’ to Departmental Nursing Managers as a general guide to cover the aim of the study, and then follow on the major concerns of the informants. This approach was considered to be the best means in securing the personal and private concerns of informants (Wimpenny & Gass, 2000). Moreover, they might have led the researcher to new ideas or concepts. Conversely, if the interview was structured, the informants might have not been forthcoming and instead would have inclined towards social desirability bias (Cormack, 1996).

The focus group interview was conducted in the English language. With the informants’ permission, the interview was tape-recorded. According to Bowling (2002), participants forget about tape-recorders once the interview gets under way. During the interview, the researcher wrote only short notes, which would later facilitate the remembering of key terms and offset missing details in the analysis (Britten, 1995; Crabtree & Miller, 1999). Before closing the focus group, the researcher summarised what was said during the session in order to check one’s own assessment of what had emerged from the group (Kitzinger, 1995). In order to check for reactive effects, the recorder was switched off at the end of the focus group interview, and the researcher ‘chatted’ casually with the informants (Crabtree & Miller).

3.5 THE COVERING LETTER
A covering letter was endorsed with each questionnaire. The letter was written in both Maltese and English (Appendix A). This letter included a general explanation of the aims and objectives of the study. The maintenance of respondent anonymity, and researcher confidentiality were emphasised in the covering letter (Britten, 1995). The researcher’s contact telephone number was also included. Informants were instructed to contact the researcher regarding any questions they might have about the study (Bowling, 2002). The
researcher signed the letter in blue ink in order to reassure informants that the study was conducted in 'bona fide' (Bowling).

3.6 Validity and Reliability

Burke and Roberts (1989) argue that, the very nature of qualitative research methods do not lend to statistical or empirical calculation of validity and reliability. Hence, whereas quantitative studies aim for reliability through the use of tools, qualitative studies aim for validity by getting at how people really behave and what people actually mean when they describe their experiences, attitudes and behaviour. Such reasoning is inductive (Mays & Pope, 1995). Therefore, as Baker et al. (1992) claim, data collection procedures should be explicit and consistent with the underlying assumptions of the specific approach selected.

3.6.1 Validity

Validity determines whether the instrument measures what it is supposed to measure (Bowling, 2002). Since, actual workers had to provide information about their superiors, this provided the best construct validity (Bass & Avolio, 1989). However, the questionnaire was also tested for construct validity by carrying out a pilot study, and checking it with the supervisor. The latter also advised the researcher on how to conduct the focus group interview. Other methods employed in order to ensure validity included the use of triangulation, purposeful sampling and the use of constant comparison.

Triangulation was also used to strengthen the validity of the study (Huberman & Miles, 1994; Morse, 1991). In fact, Patton (1984) and Silverman (2000) claim that triangulation of data collection methods, and triangulation of samples contributes to the verification and validation of qualitative analysis, that is, methodological rigour. Therefore, triangulation not
only ensured appropriateness, adequacy and credibility of this qualitative research, but also minimised the researcher’s personal biases by increasing the wealth of information available to the researcher (Crabtree & Miller, 1999; Denzin, 1989 in Shih, 1998). Consequently, the researcher was able to obtain an accurate representation of reality through a combination of different research strategies (Cormack, 1996; Foss & Ellefsen, 2002; Keen & Packwood, 1995; Polit & Hungler, 1999; Mays & Pope, 1995; Shih, 1998).

Furthermore, theoretically chosen key informants enhanced the validity of the study through the inclusion of both potentially conflicting as well as convergent accounts (Crabtree & Miller, 1999). Moreover, in order to ensure the adequacy and appropriateness of data collection, sampling units and research instruments were chosen serially (Partington, 2000). Additionally, the inclusion of participants’ quotes in the analysis enhanced the credibility of the study (Strauss & Corbin, 1990).

For the focus group interview, the conditions under which the data were collected were considered to be important in ensuring validity and decreasing interviewer bias (Burke & Roberts, 1989). Therefore, the participants were made to feel comfortable prior to data collection through casual chatting about current affairs. The researcher was also careful to keep personal preconceptions under control since these might have influenced the data (Hutchinson & Skodol Wilson, 2001). A summary was also conducted at the end of the interview, to ensure that the researcher understood correctly what the participants had related, as advised by Silverman (2000).

Another method which was employed in order to ensure validity was the use of the constant comparative method (Partington, 2000; Silverman, 2000). Since in grounded theory, data collection and data analysis occur simultaneously in a cyclical manner, constant comparison
was used to develop and refine theoretically relevant categories (Miller & Crabtree, 1999). The categories elicited from the data were constantly compared with the data obtained earlier, so that commonalities and variations could be determined, and focus the inquiry on emerging theoretical concerns (Polit & Hungler, 1999).

3.6.2 RELIABILITY

According to Hinds, McAuly, and Scandrett-Hibden (1990), in qualitative studies, relevance and accuracy of the research findings are more important than reliability. In fact, it was suggested by a professional statistician, that since the questionnaire had been piloted twice, statistical analysis of reliability was not necessary.

Nonetheless, in order to ensure accuracy, the researcher used reflective summary to confirm that the former understood the respondent’s answers correctly (Crabtree & Miller, 1999). Furthermore, by transcribing the information obtained from the focus group and the chance conversation, the researcher ensured that no data was lost (Silverman, 2000). Verbatim excerpts were also included in the analysis section in order to reduce threat to internal reliability (Field & Morse, 1985).

3.7 Ethical considerations

Research studies involving humans require the adoption of ethical principles (Polit & Hungler, 1999). Hence, the researcher was committed to protect participants from harm and from exploitation (Bowling, 2002). In addition to this, verbal informed consent was sought and obtained from each participant. A covering letter emphasising the need for confidentiality and anonymity was given to Ward Managers (Bowling). On the other hand, Practice Development Nurses were verbally told.
3.8 Approval to Carry Out the Study

Written approvals to carry out the study were obtained from the Director Nursing services, the Medical Administrator, the Chief Executive Officer, and the Manager Nursing Services of St. Luke’s Hospital (Appendix C). Research proposals of this study were submitted to the Health Services Management Board of Studies and to the Ethics Board of Studies of the Institute of Health Care. Both approved this study to be carried out.

3.9 Data Collection

In order to ensure that no data was lost, various steps were taken to collect the data.

3.9.1 The Questionnaire

Ward Managers were given the questionnaire personally, so achieving the benefit of personal contact (Oppenheim, 1996). They were distributed in the afternoon, since at this time wards, units and outpatient clinics were less busy. Three afternoons were necessary in order to distribute the questionnaire to all Ward Managers who were eligible to participate.

On handing the questionnaire, Ward Managers were reminded where to deposit the questionnaire and the closing date. This information was also included in the covering letter. Questionnaires were not collected personally, due to the sensitive nature of the topic. A time period of three weeks to complete the questionnaire, was given to informants. On each Monday of the second and the third week, a postal reminder was sent to each participant via the internal hospital mailing system.
3.9.2 The focus group interview

The day before the scheduled date for the focus group interview, participants were contacted by telephone and reminded of the time and place. The focus group interview was conducted in a comfortable room in St. Luke's Hospital. Refreshments were also provided. All participants were sitting in a semi-circle in order to ensure the right atmosphere (Kitzinger, 1995). During the interview, the researcher was careful to maintain a neutral facial expression and to show attentiveness to minimise interviewer bias (Shelley, 1984). The interviewer was also careful to pick up cues, but verbal probing was used in a neutral manner (Barnes et al., 2000; Britten, 1995). The interviewer checked to have understood the informants by repeating what they had said (Britten, 1995).

3.10 Data analysis

Out of the 90 questionnaires distributed, 48 were collected. Both qualitative and quantitative data were derived from the questionnaires. The quantitative data provided the outer crust about the topic studied, whereas qualitative data provided the core. Content analysis was used to code themes into categories for responses to open-questions (Kitzinger, 1995).

In order to analyse the data collected by the focus group, this interview was transcribed. This transcript was then read three times in order to familiarise with the data obtained. The next step involved open coding, by manual analysis. Concepts were identified from the data generated and grouped into categories, as advised by Strauss and Corbin (1990). Some of the names of the concepts used were the same ones which informants used, that is: ‘in vivo’ codes (Strauss & Corbin). On the other hand, the researcher decided the names of the categories, in order to label them differently from those identified from the literature, since borrowed names can bring with them commonly held meanings and associations (Strauss & Corbin).
The researcher used the constant comparative method to make interpretative sense of the different leadership patterns identified from the data, by developing ideas at a higher level of abstraction than the initial data description (Haig, 1996). The researcher had to exercise strict self-discipline in perseverance and insight for theoretical sensitivity, since the strength of qualitative research is the objective interpretation by the investigator (Partington, 2000; Strauss & Corbin, 1990). As a result, although data analysis was somewhat complex and time-consuming, it was also exciting and innovative.

3.11 Limitations of the Study

The main limitation of this study is that the results obtained cannot be generalised. In fact, due to the very nature of this research, the results pertain to Departmental Nursing Managers working in St. Luke's Hospital. However, this should not underestimate the importance of these results. Another limitation was the inexperience of the researcher in conducting a qualitative study. However, due attention and continuous guidance was provided constantly by the researcher's supervisor.

There were various other limitations that might have influenced the information obtained. Most of these have been discussed throughout the Methodology, such as social desirability bias, interviewer bias and the design of the questionnaire. Moreover, if Ward Managers may have hurried to fill in the questionnaire, without thinking about the answers, this may have posed another limitation to this study. The researcher also ensured the validity and reliability of the methods used and the analysis of data, according to what various researchers (e.g. Silverman, 2000; Strauss & Corbin, 1990) advice.

The following chapter presents the results and analysis of this data.
CHAPTER 4:

RESULTS:

The Path to Discovery
Chapter 4 - RESULTS: The Path to Discovery

4.1 INTRODUCTION

This chapter presents the results of the study. The results of the questionnaires will be presented in Section 4.1. These will be followed by the results of the focus group in Section 4.2. Tables have been used in order to facilitate a clear presentation of data.

4.2 QUESTIONNAIRE RESULTS

The questionnaire results revealed information about the demographic characteristics of the Ward Managers (Section 4.2.1), and about their knowledge of the leadership skills which a manager requires (Section 4.2.2). Information was also obtained about the leadership skills which Departmental Managers exhibit, Section 4.2.3. Section 4.2.4 describes the leadership skills which Ward Managers expect Departmental Managers to exhibit. Section 4.2.5 presents a comparison of the leadership skills which Departmental Managers exhibit and those which they are expected to practise. Section 4.2.6 describes what Ward Managers understood by the term 'emotional intelligence'.

4.2.1 DEMOGRAPHIC CHARACTERISTICS OF WARD MANAGERS

The majority of Ward Managers held the grade of Nursing or Midwifery Officer (n=27). Most of them were males (n=17). On the other hand, most informants who held the grade of Deputy Nursing or Midwifery Officers (n=21), were females (n=12).

Ward Managers who were in the 40-49 year age group dominated the sample (n=29). Still, 13 informants were between 30 and 39 years of age, and 6 informants were aged between 50 and 59 years. Fifteen Ward Managers had been managing the current ward for 3-5 years,
whereas 14 had been working at the present placement for 6-10 years. Another 9 Ward Managers had been managing the current ward for 10 years or more. Other 9 informants had been working at the current ward for 1-2 years, but only one respondent had been working at the present placement for one year or less.

4.2.2 LEADERSHIP COMPETENCIES OF MANAGERS

In answering this question, Ward Managers listed 30 skills which managers should exercise in order to fulfil their leadership role. These leadership skills were labelled as Essential Leadership Features and grouped into 4 categories, namely: 'Personal characteristics', 'Skills to develop the potential of staff', 'Skills to build relations with staff', and 'Professional skills', as shown in Table A1 in Appendix D. Each of these categories is described below.

Personal characteristics

This category encompasses skills which managers use in order to manage themselves. Ward Managers stated that as leaders, managers should exercise self-confidence, assertiveness and self-control. They claimed that managers should:

*hold control on personal issues*

and exercise:

*self-discipline*

and:

*patience.*

Informants maintained also that managers should be consistent and exhibit initiative. Furthermore, as leaders, managers should exercise self-awareness, that is:

*understand own feelings.*
Competencies to develop the potential of staff

This category groups those skills which managers, as leaders, use in order to develop and maximise the potential of staff. One of these is clinical knowledge. It is interesting to note that almost all informants (n=45), mentioned this competency. They declared that managers should:

*have good nursing knowledge of the clinical area,*

and:

*should know their subject.*

According to Ward Managers, managers need also to have motivational skills in order to:

*motivate the staff,*

and:

*promote their skills and work.*

Therefore, they asserted that, managers need to coach their staff and use positive feedback to encourage them, that is:

*praise the staff for their effort.*

Another concept which is included in this category is that of teamworking. Informants maintained that managers should use teamwork in order to empower and encourage their staff to participate in decision-making. They also claimed that, as leaders, managers needed to have a vision and be role models, that is:

*lead by example.*

Competencies to build relations with staff

This category encompasses those skills which managers use in order to build a network of relationships with their staff, such as communication skills. In fact, Ward Managers, declared
that managerial leadership entailed the use of good communication skills, especially active listening. They claimed that managers should:

*take time to listen.*

Ward Managers also stated that managers are expected to be on the shopfloor with the employees. The latter were also ought to show empathy, by recognising, learning and understanding the needs of each staff member, that is:

*be in nurses’ shoes.*

Furthermore, informants maintained that as leaders, managers should be friendly and act as advocates for the staff, thus:

*stand up for the staff.*

Ward Managers asserted also that managers need to exhibit impartiality, that is:

*equality with all the nurses.*

**Professional skills**

'Professional skills' comprises those competencies which managers require in order to execute their overall managerial role, of which leadership plays an integral part (Hellriegel, Jackson & Slocum, 2002). In actual fact, Ward Managers asserted that managers should be leaders. In addition to this, managers ought to use organising and planning skills by:

*setting objectives.*
Other skills which this category includes are problem-solving and decision-making skills, whereby managers:

*deal with problems,*

and are:

*able to take decisions.*

The respondents also maintained that managers need to prioritise and employ time management, accountability and delegation. Moreover, as leaders, managers are required to manage resources through:

*efficient and effective resource use.*

From the extensive list of Essential Leadership Features, which Ward Managers wrote, four categories of skills were identified. In fact, Ward Managers claimed that as leaders, managers are requires to have certain personal characteristics, and skills to develop the potential of staff. Informants also mentioned skills which managers require to build relations with staff, and abilities which managers are required to exercise in order to fulfil their professional role. According to Ward Managers these are the competencies which managers need to employ in order to be leaders.

**4.2.3 LEADERSHIP SKILLS USED BY DEPARTMENTAL MANAGERS**

Ward Managers cited the leadership skills which Departmental Managers use and exhibit in their day-to-day work. Although it was not possible to pinpoint a profile of the leadership skills which Departmental Managers use, two patterns were identified. In fact, 2 different sets of results were obtained, that is: ‘Positive results’ and ‘Negative results’. In addition to this, a third pattern was identified between informants’ answers and the number of years they had been managing their current ward.
Positive results encompassed all the leadership skills which the majority (n=25 or more) of Ward Managers claimed that Departmental Managers exhibited, as shown in Table 1. These responses described Departmental Managers in a positive manner, and were the responses to both close-ended and open-ended questions. These leadership skills were also labelled as Essential Leadership Features, as described in Section 4.2.2, and the same 4 categories were used.

As ‘Personal characteristics’, Ward Managers asserted that Departmental Managers were reflective, radiated positive feelings, and exhibited self-confidence and self-control. In addition to this, they maintained that Departmental Managers were clinically knowledgeable, and used coaching skills. These competencies were grouped in the category ‘Skills to develop the potential of staff’. Furthermore, according to Ward Managers, Departmental Managers also exhibited empathy, influencing tactics and learnt about the needs of nurses. These competencies were attributed to the category ‘Skills to build relations with staff’. Moreover, according to these informants, Departmental Managers were aware of the politics at organisational level and were change agents, both skills categorised as ‘Professional skills’. This category also included problem-solving and decision-making skills, as well as objectivity whereby Ward Managers stated that the respective Departmental Manager:

*does not leave influential factors influence his decisions.*
Table 1: *Leadership skills exhibited by Departmental Managers, according to Ward Managers*

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>LEADERSHIP SKILL MARKED BY 25 OR MORE INFORMANTS</th>
<th>LEADERSHIP SKILL MARKED BY 23 OR LESS INFORMANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal characteristics</td>
<td>Reflection</td>
<td>Conscientiousness</td>
</tr>
<tr>
<td></td>
<td>Self-confidence</td>
<td>Self-awareness</td>
</tr>
<tr>
<td></td>
<td>Radiates positive feelings</td>
<td>Transparency</td>
</tr>
<tr>
<td></td>
<td>Self-control</td>
<td>Self-control</td>
</tr>
<tr>
<td>Skills to develop the potential</td>
<td>Clinical knowledge</td>
<td>Visionary</td>
</tr>
<tr>
<td>of staff</td>
<td>Coaching skills</td>
<td>Coaching skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Team working skills</td>
</tr>
<tr>
<td>Skills to build relations with</td>
<td>Empathy</td>
<td>Empathy</td>
</tr>
<tr>
<td>staff</td>
<td>Learning about the needs of nurses</td>
<td>Recognising the needs of ward managers</td>
</tr>
<tr>
<td></td>
<td>Influencing tactics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dealing with nurses' feelings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does not use mood to influence Ward Managers</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>Aware of politics at organisational level</td>
<td></td>
</tr>
<tr>
<td>skills</td>
<td>Change agent</td>
<td>Change agent</td>
</tr>
</tbody>
</table>

4.2.3.2 NEGATIVE RESULTS

The negative results were identified after analysing the responses of Ward Managers, both to closed and open-ended questions. For close-ended questions, negative results were obtained from the responses which were either marked by less than 23 informants or which were
ambivalent answers. Hence, the negative results describe the leadership skills which Departmental Managers did not exhibit.

Responses marked by less than 23 informants

Closed questions asked Ward Managers to mark the leadership skills which their Departmental Managers exhibited. Some of these leadership skills were marked only by 23 or less informants, as shown in Table 1. Therefore, although this does not mean that none of the Departmental Managers exhibit these skills, it implies that the majority of Ward Managers (n=25 or more) stated that Departmental Managers did not exhibit these skills. These leadership skills were also classified as essential Leadership Features and grouped in the same 4 categories.

The leadership skills which were included in the 'Personal characteristics' category were being conscientious and transparent, and having self-control and self-awareness. The category 'Skills to develop the potential of staff' included having a vision and teamwork. Empathy and recognising the needs of Ward Managers were encompassed in the category 'Skills to build relations with staff'. The category 'Professional skills' included the leadership role of being a change agent.

Ambivalent answers

Table 1 also shows that certain leadership skills which were marked by 25 or more ward managers are also present in the column for those leadership skills which were marked by 23 or less informants. In fact, when informants were addressed with 2 different closed questions about the same skill, a different number of informants marked this competency.
These skills were coaching skills, whereby 29 Ward Managers claimed to be exhibited by Departmental Managers, but then only 14 informants substantiated this response. A similar pattern was identified for the skills of empathy \((n=42)\), which was then verified by only 23 informants; and self-confidence \((n=31)\), which was later marked only by 16 Ward Managers. The other skill where this feature was obtained was for the competency of change agent. In fact, whereas 25 informants claimed that Departmental Managers were change agents, only 11 informants confirmed this.

**Lacking leadership skills**

Additionally, although the majority of Ward Managers \((n=28)\) claimed that they liked the way in which Departmental Managers led them, 24 claimed that their managers lacked training in leadership skills. In fact Ward Managers declared that Departmental Managers required training in leadership skills because they:

- *can be better*,
- *need updating*,

and

*are too old-fashioned.*

Furthermore, when answering open questions, some Ward Managers claimed outright that Departmental Managers lacked certain leadership skills. These skills were also categorised as ‘Personal characteristics’, ‘Skills to develop the potential of staff’, ‘Skills to build relations with staff’ and ‘Professional skills’, as shown in Table A2, Appendix D.

The ‘Personal characteristics’ category included skills such as lack of optimism and lack of self-control. In fact, Ward Managers stated that:

*if she is in a bad mood, she is not so cooperative.*

This quotation highlights the lack of self-control, exhibited by this Departmental Manager.
Ward Managers also asserted that Departmental Managers lack motivation skills, but instead exhibit:

- skills of demotivating the staff,

and:

- demotivate the staff.

Furthermore, Ward Managers also declared that Departmental Managers did not give them positive feedback but instead exhibit:

- unrecognition,

and:

- only criticise badly.

Both lack of positive feedback and lack of motivational skills were grouped in the category as ‘Skills to develop the potential of staff’.

The category termed as ‘Skills to build relations with staff’ included lack of communication skills, not being on the shopfloor and lack of impartiality. In fact Ward Managers declared that Departmental Managers lacked communication skills. They stated that Departmental Managers:

- need to communicate better.

One informant even mentioned that staff meetings with the respective Departmental Manager were rarely held. Ward Managers maintained also that Departmental Managers do not visit the shopfloor frequently:

- I do not see much of my D.N.M.

However, if they do:

- D.N.M. is only on the ward for a short time.

Moreover, informants claimed that Departmental Managers are not impartial because:

- rules are bent to accommodate favourite staff.
Ward Managers also asserted that Departmental Managers lack decision-making skills, because they are:

*not able to make decisions.*

Decision-making was encompassed in the ‘Professional skills’ category.

Furthermore, informants also maintained that Departmental Managers do not exhibit any of the leadership skills mentioned in the closed questions. In fact, they stated that:

*none of these apply,*

because:

*our managers are far off from all the characteristics mentioned.*

Thus negative skills encompass those leadership skills which the majority of informants (n=25 or more) claimed that Departmental Managers did not exhibit, as well as ambivalent answers. Also included with these results, were the leadership skills which Ward Managers declared outright that Departmental Managers lack. Thus for the purpose of this study, negative results will be interpreted globally as leadership skills which Departmental Managers lacked.

4.2.3.3 AN IDENTIFIED PATTERN

When analysing the leadership skills which Departmental Managers exhibited, a pattern was identified between the responses of Ward Managers and the number of years Ward Managers had been managing the current ward.

In fact, all Ward Managers who mentioned the leadership skills which Departmental Managers lack had been in charge of the current ward for 3 to 5 years. A similar pattern was observed for those informants who were in minority, that is n=23 or less, when answering
closed questions These Ward Managers were not happy with the leadership of their Departmental Managers and claimed that their Departmental Managers did not empathise with them. Furthermore, Ward Managers who claimed that Departmental Managers were not aware of the politics at organisational level, and those who claimed that Departmental Managers did not use influencing tactics, had also been managing the current ward for 3 to 5 years. The latter also claimed that Departmental Managers did not radiate positive feelings, were not change agents and did not have self-control.

Although one might argue that such a pattern was possible since the majority of informants had been in charge of their current ward for the last 3-5 years (Section 4.2.1), informants who gave other answers had been managing the current wards for different lengths of time. Hence, in view of this pattern, one may speculate that Ward Managers who described their Departmental Managers in a negative manner had been in charge of the current ward for the last 3 to 5 years.

These results show that a profile of the leadership skills which Departmental Managers exhibit cannot be concluded. Instead 2 different sets of results have been obtained which were classified as positive results and negative results. One might argue that informants did not understand the questions. As yet, two pilot studies were carried out. On the other hand, Ward Managers may not have given the questionnaire its due importance, by for example not allocating enough time to fill it in. One might also argue that the positive responses were the result of a halo effect whereby the majority of the staff was motivated to answer positively as a result of a study being conducted (Patton, 1980).

On the other hand, one gets the feeling that there might be a subtler agenda. One possible reason could be that the sensitive nature of the questionnaire, whereby informants were asked
for feedback about their superiors might have frightened them. In fact, they may have feared some adverse consequences if they gave negative feedback (Fletcher, 1998). As yet, in spite of this, some Ward Managers still described their Departmental Managers negatively as shown in Section 4.2.3.2. Furthermore, a pattern was identified between Ward Managers who found faults in the leadership skills exhibited by Departmental Managers, and the number of years that informants had been managing the current ward.

4.2.4 Leadership skills which Departmental Managers are expected to exhibit

According to Ward Managers, Departmental Managers are expected to exhibit quite a number of leadership skills. Whilst reading this section, one will note some overlap. In fact, some of the skills which Ward Managers would like Departmental Managers to exhibit, the former had stated that Departmental Managers actually exhibit these skills. These were included with the Positive results (Section 4.2.3.1). This could mean that only some Departmental Managers manifest these skills, whereas others do not. However, since some informants mentioned these skills, an overall report of all leadership skills which Departmental Managers are expected to exhibit has been written. These leadership skills were labelled as Essential Leadership Features, using the 4 categories as previously, (Table A3, Appendix D). Each of these categories will be described below.

Personal characteristics

As 'Personal characteristics', Ward Managers expect Departmental Managers to be intelligent, self-confident and transparent. Informants also stated that Departmental Managers should be consistent, that is, show:

consistency.
Self-awareness was another skill which Ward Managers would like Departmental Managers to exercise. In fact, informants stated that these managers need to understand their own feelings and how these influence both Ward Managers and staff. Furthermore, according to Ward Managers, Departmental Managers are expected to exhibit self-control by managing their own bad moods and impulses.

Skills to develop the potential of staff

Leadership skills which were included in this category include the use of teamwork and coaching skills, clinical knowledge, positive feedback, motivational skills and having a vision. Indeed, Ward Managers would like Departmental Managers to use teamwork and:

behave with us as his colleagues, not his subordinates.

and:

use participation and not just ordering around.

According to these informants, Departmental Managers are expected to exhibit coaching skills, that is:

coaching,

and:

give us career advice.

Besides these skills, the respondents would like that Departmental Managers give them positive feedback to the staff, that is:

appreciate that the nursing profession and skills are not numerical tasks.
Informants also asserted that, as leaders, Departmental Managers need to have a vision and use this vision to motivate the staff, that is:

*motivate employees to make the vision a reality.*

In addition to this, Ward Managers declared that Departmental Managers are expected to be clinically knowledgeable, that is:

*knowledge of clinical work,*

and be:

*practical.*

**Skills to build relations with staff**

This category encompassed trust, impartiality, being on the shopfloor, communication skills and empathy. In fact, Ward Managers stated that they would like Departmental Managers to exhibit trust, be impartial and be more on the shopfloor. Informants claimed that these managers ought to:

*visit the wards more frequently,*

and

*be more around to see what is actually happening.*

Ward Managers also stated that Departmental Managers are expected to use better communication skills, that is:

*better communication,*

and:

*good communication skills.*
Moreover, the respondents would also like Departmental Managers to exercise empathy, that is:

\[\text{take account of the interests of nurses and patients.}\]

Professional skills

According to Ward Managers, Departmental Managers are expected to be change agents, be proactive, effective and flexible, as well as exhibit problem-solving and planning skills, and seek training. These leadership skills were classified in the 'Professional skills' category.

Ward Managers stated that they would like Departmental Managers to be change agents. They claimed that Departmental Managers:

\[\text{need a bit of brushing up in the quality of change agent.}\]

In addition to this, the informants stated that Departmental Managers ought to be more effective. In particular, they mentioned that Departmental Managers should show:

\[\text{more concern for output,}\]

and should:

\[\text{perform audits.}\]

The informants, also asserted that Departmental Managers are expected to use problem-solving and planning skills. Moreover, they claimed that their managers need to be proactive and flexible. They stated that Departmental Managers should be:

\[\text{firmer when taking decisions in some cases and more lenient in others,}\]

and:

\[\text{be lenient in certain cases and not go strictly by the rule.}\]

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4.2.5 **Comparing Results**

Some of the leadership skills which were cited by Ward Managers as being those skills which Departmental Managers are expected to exhibit, were also cited by Ward Managers as being actually exhibited by Departmental Managers (Table A4, Appendix D). These skills were those which were included in the Positive results (Section 4.2.3.1). On the other hand, other leadership skills which Ward Managers claimed that Departmental Managers do not exhibit, (Negative results, Section 4.2.3.2), were listed by Ward Managers as skills that Departmental Managers are expected to exhibit (Table A4, Appendix D). These skills have also been grouped as Essential Leadership Features, using the same 4 categories.

Hence, as 'Personal characteristics', although Ward Managers stated that Departmental Managers exhibit self-confidence, self-control and optimism, the former claimed that these managers are expected to exhibit these skills. As yet, the negative results, showed that Departmental Managers did not exhibit these particular skills. Thus, although one cannot conclude whether Departmental Managers exhibit or not these skills, one can suggest that Ward Managers would like Departmental Managers to exhibit these skills. On the other hand, this category includes also the skills of transparency and self-awareness. Both these skills were cited by informants as being absent in the leadership of Departmental Managers, but being desired by Ward Managers.

The category ‘Skills to develop the potential of staff” encompassed teamwork, providing positive feedback and having a vision. According to ward managers, Departmental Managers lacked these skills, but they would like Departmental Managers to exhibit these skills. Coaching skills were also included in this category. However, coaching skills was one of the skills classified as an ambivalent answer (Section 4.2.3.2). Similarly, although Ward Managers claimed that Departmental Managers have clinical knowledge (Positive results,
Section 4.2.3.1), the informants mentioned also this skill as a skill which Departmental managers should exhibit.

The category 'Skills to build relations with staff' encompassed being on the shopfloor, communication skills and empathy. Being on the shopfloor and communication skills were cited by Ward Managers as skills which Departmental Managers lack, but which they should exhibit. However, for the skill of empathy, the ambivalence was again present. In spite of this, Ward Managers would like these managers to exhibit this skill.

The ambivalence described above resulted also for the skill of being a change agent, which was classified in the category 'Professional skills'. Again in this case, Ward Managers would like Departmental Managers to be change agents. Similarly, for problem-solving, informants claimed that Departmental Managers exhibit this skill, but stated that they would like Departmental Managers to use it.

These results show that 3 out of the 4 leadership skills, (that is coaching skills, empathy and change agent), exhibited by Departmental Managers which were highlighted as ambivalent answers in Section 4.2.3.2, were also mentioned by Ward Managers as being skills which Departmental Managers should exhibit. Thus, for the purpose of this study, these skills will be acknowledged as being skills which are lacked by Departmental Managers.

Therefore, if a holistic overview is taken of all the leadership skills which Departmental Managers are expected to exhibit, the list is quite extensive. Some of the skills which were listed in the categories were actually skills which, according to Ward Managers, Departmental Managers lack. However, Ward Managers would also like Departmental
Managers to exhibit certain leadership skills, which they had previously asserted that Departmental Managers do display.

4.2.6 WARD MANAGERS' KNOWLEDGE ABOUT EMOTIONAL INTELLIGENCE

Most of the Ward Managers who answered the questionnaire were not familiar with emotional intelligence (E.I.). In fact, only 12 Ward Managers had read about this topic. However, 24 informants attempted to write a brief explanation of emotional intelligence. As yet, none of the informants gave a full correct explanation or definition. Neither did any respondent mention all the domains or competencies which are encompassed as emotional intelligence skills.

The informants' answers were classified into 4 categories, namely: 'Self-management', 'Managing people's emotions', 'Personal attributes' and the 'Use of emotions' (Table A5, Appendix D).

The 'Self-management' category encompassed the concepts of self-awareness and self-control. In fact informants claimed that emotional intelligence was about:

\[
\text{knowing one's emotions, (self-awareness)}
\]

and:

\[
\text{one's behaviour under emotional stress (self-control).}
\]

On the other hand, the category 'Managing people's emotions' included the use of empathy, whereby Ward Managers stated that emotional intelligence was:

\[
\text{the ability to understand other's emotional state,}
\]

and:
empathise emotionally with problems and situations which arise with staff and patients.

Other tentative explanations were the ability to deal with people's emotional crises, and to know each employee individually. Both these explanations were grouped under the category: 'Managing people's emotions'.

On the other hand, the 'Personal attributes' category encompassed explanations such as being mature, having self-motivation, and having intellectual abilities, that is:

you have also to think with your head when making decisions.

Another explanation which was included in this category was that emotional intelligence implied the use of interpersonal skills, or as Ward Managers stated:

handling relationships.

The final category which was identified, 'Use of emotions', included explanations such as, to:

combine emotion with intelligence.

However, some informants also thought that emotional intelligence was about:

emotional blackmail.

With the exception of being mature, dealing with people's emotional crisis, intellectual abilities, combination of emotion with intelligence and emotional blackmail, all other explanations given by Ward Managers correspond to some emotional intelligence competency. However, neither all E.I. competencies were mentioned by different informants,
nor did any one mention all the corresponding competencies. Thus, one may speculate that Ward Managers do not know concretely what emotional intelligence is about.

4.3 Focus Group Analysis

The participants of the focus group were Practice Development Nurses. During this session, these informants discussed the leadership skills which are exhibited by Departmental Managers, and those leadership skills which they would like Departmental Managers to exhibit. Both these issues will be described in this section.

4.3.1 Leadership Skills Exhibited by Departmental Managers

The participants of the focus group maintained that as managers, Departmental Managers are the main nursing leaders because they have the power and authority to implement change. Therefore, Practice Development Nurses declared that as leaders, Departmental Managers should make the best use of their human resources.

As yet, instead of discussing the leadership skills which Departmental Managers exhibited, the discussion was focused on the leadership skills which Departmental Managers lack. The informants were not told by the researcher which aspect to discuss. They were only told to recount Departmental Managers' leadership skills. Thus, the decision to focus the discussion on the leadership skills which Departmental Managers lacked, was entirely voluntarily taken by the Practice Development Nurses. No attempt was made by the researcher to direct the discussion towards the other aspect.

However, during this part of the session, the Practice Development Nurses were somewhat frustrated and angry. When the researcher highlighted the emotions which the informers were
manifesting, the latter claimed that they felt this way because the lack of leadership skills exhibited by Departmental Managers inhibited them from developing projects.

The leadership skills identified were Essential Leadership Features and were grouped into the 4 categories which are encompassed under this umbrella title, namely: ‘Personal characteristics’; ‘Skills to develop the potential of staff’; ‘Skills to build relations with staff’; and ‘Professional skills’ (Table A6, Appendix D).

**Personal characteristics**

This category included lack of optimism and lack of self-confidence. In fact, Practice Development Nurses commented that Departmental Managers did not show optimism, since the latter do not exhibit a personality and attitude which is realistic and positive. They also stated that Departmental Managers lacked self-confidence:

*do not even possess self-confidence.*

**Skills to develop the potential of staff**

According to the informers, Departmental Managers do not encourage the development of the potential of their staff. In fact, leadership skills which were encompassed in this category included the lack of a common vision and the lack of clinical knowledge. Practice Development Nurses declared that these managers:

*lack clinical knowledge of the areas they are managing.*

In addition to this, they maintained that Departmental Managers cannot be leaders in their clinical areas because without clinical knowledge, they are not experts in their fields. Hence, the informers stated that:
you cannot lead unless you are an expert in the field.

This category included also the lack of positive feedback which was exhibited by Departmental Managers. Practice Development Nurses stated:

hardly ever we hear 'Well done'.

The informants also asserted that the lack of positive feedback had several implications on the staff. Although they did not specify these implications, Practice Development Nurses declared that:

the lack of appraisal is really felt.

In addition to this, the informants maintained that Departmental Managers did not practice teamwork, and did not fulfil their leadership role of being coaches to the staff. They asserted that Departmental Managers:

may not see staff development as important.

Thus, as a result, Departmental Managers did not fulfil their leadership role as role models. The focus group participants maintained that part of the leadership role of Departmental Managers is to set examples and demonstrate correct nursing practices to the staff. In this manner, the staff would see that any change in working procedure would be possible to implement in the clinical setting, because the Departmental Manager would be role modelling that procedure. In fact, Practice Development Nurses claimed that:

you have to practice those principles, ...show them that it is possible.

Skills to build relations with staff

This category encompassed the use of communication skills, empathy and being on the shopfloor. According to the participants of the focus group, Departmental Managers did not exhibit any of these skills, and so were inhibited from building relations with staff.
Practice Development Nurses maintained that Departmental Managers:

*need better communication skills,*

especially:

*listening.*

Furthermore, these informants claimed that Departmental Managers need to interact more with the staff, and not just by phoning in the morning to see how many nurses are present in the ward.

The focus group informants also asserted that Departmental Managers were not really aware of what was actually happening in the wards:

they are not aware of what is happening in the wards, and the problems which staff face.

As a result, the participants claimed that Departmental Managers are not aware of the actual needs of the patients:

they are not really conversant with actual patient needs.

In addition to this, Practice Development Nurses stated that Departmental Managers lack empathy and often treat staff as numbers and not as individuals, which demotivates the staff, that is:

*Individualisation is not practised.*

**Professional skills**

The ‘professional skills’ category encompassed the skills such as: lack of strategic planning, not being change agents and lack of training in leadership skills.
The focus group participants maintained that Departmental Managers do not plan or forecast for events. They claimed that Departmental Managers do not use any strategy but instead manage with a culture of daily crisis management:

*no planning but crisis management.*

In addition to this, the informants stated that these managers are only interested in running the ward smoothly on a daily basis, viewing change as something that will upset this status quo. They stated that Departmental Managers:

*focus too much on maintaining the status quo.*

Thus, as a result of the lack of change, which should have been driven by these managers, Practice Development Nurses speculated that nursing in St. Luke’s Hospital has seen a shift from its core, the patient. The informants declared that:

*work has become routine,*

and as a result the:

*focus is the job, not the patient.*

Furthermore, they claimed that Departmental Managers lacked leadership training because most of them were not academically qualified, but were promoted to this grade by seniority. Practice Development Nurses stated that:

*a major influencing factor is the way they were promoted to this grade.*

The informants also speculated that the Departmental Managers who have no formal education are resistant to learning and would shrug off training, because the latter declared to have coped without training for the last thirty years. In fact, the informants stated that:

*they do not consider the need to learn but would say: 'we have been thirty years without training'.*
As described in each category, the Practice Development Nurses did not mention any leadership skill which Departmental Managers exhibited, but rather highlighted those leadership skills which, according to them, Departmental Managers lacked.

4.3.2 THE LEADERSHIP SKILLS WHICH DEPARTMENTAL MANAGERS SHOULD EXHIBIT

The focus group informants claimed that leadership was an integral managerial role for Departmental Managers. Thus, similar to the responses of Ward Managers, Practice Development Nurses cited quite an extensive list of skills which they would like Departmental Managers to exhibit. These skills have been collectively labelled as Essential Leadership Features, and grouped into the same 4 categories as previously (Table A7, Appendix D). Each of these categories will be described below.

**Personal characteristics**

This category encompassed the concepts of self-confidence and optimism. According to the Practice Development Nurses, Departmental Managers need to exhibit self-confidence, by believing in what they would be saying. Furthermore, Practice Development Nurses maintained that Departmental Managers are expected to be optimistic and be able to bring out the positive side from any situation. They asserted that Departmental Managers should:

*see the positive aspect in every situation.*

Departmental Managers needed to be optimistic, because according to the informants, this had an impact on staff:

*because you have a certain manager, all the staff amalgamate together and work in harmony.*
Furthermore, the Practice Development Nurses maintained that staff influence each other, irrespective of the workload. In fact, the informers stated that:

*staff act in series, for example if one is feeling down today, all others are influenced and start feeling down.*

Skills to develop the potential of followers

According to the focus group informants, Departmental Managers ought to exploit the potential of each and every employee. The skills which were grouped in this category include having a vision, provide positive feedback, as well as exhibit coaching skills, clinical knowledge, role modelling and teamworking.

The informants asserted that as middle-managers, Departmental Managers needed to have a common vision for change and improvement, that is:

*should help to move nursing forward.*

Furthermore, the Practice Development Nurses expected Departmental Managers to act as guides, and coach the staff. The informants declared that as leaders, Departmental Managers should:

*enhance the personal professional development of nurses and midwives.*

This was necessary so that Departmental Managers would develop leaders from amongst the staff, that is:

*you have more that one manager managing their own area of care,*

and so:

*empower the staff.*
The informants expect Departmental Managers to exhibit clinical knowledge, because the former maintained that:

> to succeed, you have to know your job and that of your employees.

Role modelling was another leadership skill which Practice Development Nurses would like Departmental Managers to exhibit because, according to them:

> a leader can role play.

The informants continued that as leaders, Departmental Managers need to act out procedures themselves, that is:

> try it in your own skin,

and:

> show the staff that it is possible.

As yet, according to the participants, in order to be role models, Departmental Managers need to foster teamwork. Departmental Managers need to:

> be part of those being led.

Through teamwork, Departmental Managers would enable their followers to be with them and would also encourage participation of the staff because:

> the ownership factor will come from the staff.

Skills to build relations with staff

Leadership skills which were grouped in this category included communication skills, empathy, impartiality and being on the shopfloor.
The focus group informants declared that they would like Departmental Managers to use better communication skills, especially:

*listen more.*

Practice Development Nurses asserted that through communication skills, these managers would have a clearer idea as to what every employee's expectations are, and win-lose situations would be avoided. They claimed that such interactions would not only enable the staff to apprehend that Departmental Managers care about them, but would also enable Departmental Managers to know each member of their staff individually.

In addition to this, the participants maintained that Departmental Managers are expected to show empathy with the staff, and:

*be supportive.*

According to them, empathy is a critical skill for Departmental Managers, due to the sensitive nature of nursing work, since:

*staff are as vulnerable as patients.*

They stated that Departmental Managers needed to:

*get accustomed to what employees are experiencing,*

and in turn:

*they need to support.*

Another leadership skill which Practice Development Nurses would like Departmental Managers to exhibit was that of impartiality. The informants stated that Departmental Managers:

*have to be fair with all nurses of the ward, with no preferential treatment.*
Furthermore, according to these informants, Departmental Managers ought to:

*go down to the shopfloor.*

In this manner, Departmental Managers would learn about the needs of both patients and staff.

**Professional skills**

The informants remarked that as part of their leadership portfolio, Departmental Managers should exercise strategic planning, be change agents and seek continuous professional education.

The Practice Development Nurses asserted that Departmental Managers are expected to use strategic planning skills instead of crisis management. By using strategic planning, Departmental Managers would be:

*focusing on goals.*

The focus group informants also claimed that Departmental Managers needed to be change agents, because these managers:

*focus too much on maintaining the status quo.*

As yet, the participants remarked that in exercising this role, Departmental Managers should promote change as an opportunity and not as a form of punishment.

In addition to this, Practice Development Nurses asserted that Departmental Managers should seek leadership training, both for academic qualifications as well as continuous professional education, because:

*leadership requires education, training, updating and knowledge.*
4.3.3 KNOWLEDGE ABOUT EMOTIONAL INTELLIGENCE

Like, the Ward Managers, the Practice Development Nurses did not know what emotional intelligence was about. They claimed that they had never heard the term before, and did not give a tentative explanation of what this concept constitutes.

From these results one can note that almost all the leadership skills which Practice Development Nurses claimed that Departmental Managers lack, the informants mentioned as being those which Departmental Managers should exhibit. The only 2 skills which the informants did not mention to be leadership skills lacking in Departmental Managers, but stated only that Departmental Managers should exhibit, were: impartiality ('Personal characteristics' category), and having a vision ('Skills to develop the potential of staff' category).

4.5 CONCLUSION

The information obtained from the different samples, using different instruments shows both similarities as well as differences. In fact, Ward Managers described the leadership skills which Departmental Managers exhibited both positively and negatively. Negative results were collectively interpreted as being those skills which Departmental Managers lacked. Similarly the focus group informants highlighted the leadership skills which Departmental Managers lacked, instead of describing those leadership skills which Departmental Managers exhibited. The Essential Leadership features which were mentioned by both Ward Managers and Practice Development Nurses are shown in Table 2.
The skills which are exhibited by Departmental Managers include lack of optimism and lack of self-confidence in the 'Personal characteristics category'. As 'Skills to develop the potential of staff', both Ward Managers and Practice Development Nurses declared that Departmental Managers lack vision, lack giving positive feedback, lack teamwork and lack coaching skills. Additionally according to both groups of informants, these managers did not exhibit communication skills and empathy, and were not on the shopfloor. All these three skills were included in the category 'Skills to build relations with staff'. Furthermore, as
‘Professional skills’, both Ward Managers and focus group participants maintained that Departmental Managers were not change agents and required training.

On the other hand, both Ward Managers and Practice Development Nurses mentioned quite an extensive list of leadership skills which Departmental Managers should exhibit. The Essential Leadership Features which both sources expect these managers to exhibit are shown in Table 3.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>LEADERSHIP SKILL EXHIBITED BY DEPARTMENTAL MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal characteristics</td>
<td>Self-confidence</td>
</tr>
</tbody>
</table>
| Skills to develop the potential of staff | Vision  
Positive feedback  
Coaching skills  
Clinical knowledge  
Teamwork | |
| Skills to build relations with staff | Communication skills  
Empathy  
Being on the shopfloor  
Impartiality | |
| Professional skills           | Planning skills  
Change agent skills  
Training | |

These features include the use of self-confidence as a ‘Personal characteristic’. Furthermore, both Ward Managers and Practice Development Nurses expect Departmental Managers to
have a vision, provide positive feedback and coaching skills. They would also like the managers to be clinically knowledgeable and use teamwork. All the latter five skills were grouped in the category 'Skills to develop the potential of staff'. As 'Skills to build relations with staff', both sources would like Departmental managers to use more communication skills, empathy, impartiality and be more on the shopfloor. Additionally, they expect these managers to use planning skills, be change agents and to seek training as part of their 'Professional skills'.

Another similarity between Ward Managers and Practice Development Nurses was that neither knew what emotional intelligence was.

The next chapter will discuss how all these results were compared together and analysed in order to address the objectives of the study.
CHAPTER 5:

DISCUSSION:

*The Discovery of other Paths*
Chapter 5 - DISCUSSION: The Discovery of other Paths

5.1 INTRODUCTION

This chapter discusses the results which were obtained from the different samples in relation to each other and in relation to the literature, in order to address the objectives of the study. Hence, Ward Managers’ knowledge of the leadership competencies of managers is discussed in Section 5.2. The leadership skills which Departmental Managers exhibit are examined in Section 5.3, whereas the leadership skills which Departmental Managers are expected to exhibit are described in Section 5.4. Section 5.5 illustrates the comparison between the leadership skills which Departmental Managers exhibit against those which they are expected to exhibit. Section 5.6 discusses the knowledge of the participants about emotional intelligence. The applicability of emotional intelligence skills to nursing leadership are discussed in Section 5.7.

5.2 WARD MANAGERS’ KNOWLEDGE OF LEADERSHIP SKILLS

Ward Managers listed several skills which managers should have in order to fulfil their leadership role. These competencies were classified as Essential Leadership Features and grouped into 4 categories. Neither the competencies encompassed in each category, nor the competencies which were classified in different categories, pertained to any particular leadership model, style or set of leadership skills advocated by different leadership gurus. Instead, informants mentioned various competencies from different leadership models, different leadership styles, and by different gurus.

In the ‘Personal characteristics’ category, Ward Managers, claimed that as leaders, managers should be self-confident. This characteristic is advocated by the Traits Model (Hellriegel & Slocum, 2004). This is supported by Handy (2002), Kotter (2003) and Carr-Ruffino (1993).
This category included also assertiveness, self-awareness and having initiative, three leadership competencies which Hellriegel et al. (2002) attribute to managers. Ward Managers also maintained that having self-control was a leadership competency. In fact, through self-control, managers remain calm and clear-headed, and do not resort to impulsive acts (Goleman et al., 2003; Kets de Vries, 2004). The respondents also mentioned consistency. This is supported by Tichy (1997) who asserted that leaders should practice what they preach.

One of the leadership competencies which was classified in the category ‘Skills to develop the potential of staff’, and which was mentioned by most informants (n=45), was having clinical knowledge. Indeed, technical proficiency is advocated by Bennis, (1999); Snow, (2001); and Valentine, (2002). Informants also claimed that managers should coach the staff and act as role models, two competencies which are highlighted both by Hersey’s and Blanchard’s Situational Leadership Model, as well as by the Transformational Leadership Style (Hellriegel & Slocum, 2004; Swansburg & Swansburg, 2002). On the other hand, the respondents stated that managers should provide positive feedback, a characteristic of the Behavioural Model (Swansburg & Swansburg), but should also have a vision which is advocated by the Charismatic Leadership Style (Hellriegel & Slocum, 2004; Thomas, 2004; Howatson-Jones, 2004). Having a vision and living by this vision is an essential competency for leadership (Alder, 1995; Anderson, 2001; Dulewicz, 2000; Hellriegel & Slocum; Kotter, 2003; Kouzes & Posner, 1987; Sofarelli & Brown, 1998).

Another leadership competency which was included in this category was the ability to motivate staff. In fact, good leaders use intrinsic motivation to build responsibility and achievement in their workforce (Bennis, 1999; Drucker, 1999; Kotter, 2003; Kouzes & Posner, 1987; Mullins, 1996; Wright, 1999). In addition to motivational skills, informants
also maintained that as leaders, managers should use teamwork. This competency is advocated by the Transformational Leadership Style (Sofarelli & Brown, 1998), by the Democratic Leadership Style (Swansburg & Swansburg, 2002), and by various authors such as Hellriegel et al. (2002), and Swansburg and Swansburg.

Ward Managers also declared that communication skills were an essential necessity for managers in order to fulfil their leadership role. In fact, the ability to communicate is a critical element of a leader’s role (Bennis, 1999; Dulewicz, 2000; Rayner et al., 2002). This competency was classified in the category: ‘Skills to develop the potential of staff’. Other competencies which were included in this category were: empathy and being an advocate for the workers. Both these competencies are characteristic of the Behavioural leadership model (Swansburg & Swansburg, 2002). Moreover, Carr-Ruffino (1993) and Tate (1999) stated that effective leaders develop a supportive climate. In addition to this, Ward Managers asserted that as leaders, managers should be friendly, a component of the Charismatic Leadership Style (Swansburg & Swansburg; Cohen, 1990; Gopee, 1998). Informants also maintained that managers should be on the shopfloor. In fact, Cain (2005) and Drucker (2002) declared that spending time with followers at their workplace is crucial for successful leaders.

Ward Managers mentioned also other competencies which were encompassed in the category: ‘Professional skills’. They maintained that managers should exhibit leadership and planning skills. This is supported by Bennis (1999) and Tichy (1997) who claim that leaders use their conceptual skills for strategic thinking and planning. Furthermore, respondents mentioned that as leaders, managers should exercise decision-making skills, a key competency for leaders (Bennis, 1999; Kotter, 2003; Tichy). According to the informants, managers should also be problem-solvers. In fact, Cohen (1990) and Hellriegel et al. (2002)
claim that as leaders, managers should have problem-solving skills since leaders’ success lies within their problems.

Ward Managers also maintained that as part of the leadership role of managers, the latter should manage resources and delegate tasks. These assertions are supported by Hellriegel and Slocum (2004) and Bennis (1999) respectively. In addition to this, the respondents claimed that managers should be change agents. In fact, leadership enables and directs change (Dulewicz, 2000; McMillan & Conway, 2002).

Other professional skills, which according to informants are part of managers’ leadership competencies include: organising, prioritising and time management. Furthermore, Ward Managers asserted that managers should exercise impartiality. Impartiality was classified as a competency required building relations with workers. However, no literature was found which supports these assertions.

From this overview one can note that according to Ward Managers, the leadership role of managers entails the use of several competencies. However, some of the competencies mentioned were not supported in the literature. As yet, the other competencies, those which were supported in the literature, did not pertain to any particular model or style. In fact, researchers highlight the difficulty in building generic models to describe the nature of characteristics of effective leaders (Collins, 2001). Instead, these competencies are a mix from all, including the leadership skills advocated by various authors, according to what Ward Managers personally felt would make up a manager who is also a successful leader.
5.3 The leadership skills exhibited by Departmental Managers

Both positive and negative leadership characteristics were identified as being the leadership skills exhibited by Departmental Managers. However, positive characteristics were obtained from Ward Managers only (Section 4.2.3.1) whereas negative characteristics were identified from the results obtained from Ward Managers (Negative results in Section 4.2.3.2) and Practice Development Nurses (Section 4.3.1).

For the purpose of this section, Practice Development Nurses and Ward Managers will be collectively referred to as ‘staff’. Positive and negative characteristics are described below.

5.3.1 Positive characteristics

Positive characteristics describes the leadership skills which Departmental Managers exhibit. These described Departmental Managers in a positive manner and were identified from the responses of Ward Managers only. The Essential Leadership Features identified from this profile were grouped into its 4 categories.

Respondents maintained that Departmental Managers were reflective, radiated positive feelings, and exhibited self-confidence and self-control as ‘Personal characteristics’. In addition to this, they maintained that Departmental Managers were clinically knowledgeable, and used coaching skills, competencies which were grouped in the category ‘Skills to develop the potential of staff’. Furthermore, according to Ward Managers, these managers also exhibited empathy, influencing tactics and learnt about the needs of nurses, which were attributed to the category ‘Skills to build relations with staff’. As ‘Professional skills’, the respondents maintained that Departmental Managers were aware of the politics at organisational level, change agents, objective, and exhibited problem-solving and decision-making skills.
However, none of these leadership skills were mentioned by the focus group participants.

5.3.2 NEGATIVE CHARACTERISTICS

Negative characteristics describes the leadership skills which Departmental Managers did not exhibit, according to Ward Managers and focus group informants, thereby revealing a pattern between the information obtained from both sources. Other skills were either mentioned by Ward Managers only, or by focus group informants only. Thus, when collated all together a tentative profile of the Essential Leadership Features which Departmental Managers lacked, is revealed. These features were grouped into 4 categories, as shown in Table A8, Appendix D.

As ‘Personal characteristics’, Departmental Managers lacked optimism, conscientiousness, self-control, transparency, self-awareness and self-confidence. As yet, it is widely documented that self-awareness and self-confidence enable leaders achieve their goals and vision (Kerfoot, 1996; Covey 1992; Sofarelli & Brown, 1998; Alder, 1995; Casey, 1995).

In addition to this, Departmental Managers also lacked ‘Skills to develop the potential of staff’. Such skills included lack of vision, clinical knowledge, role modelling and teamworking skills. They also did not provide positive feedback. Conversely, managers should recognise the advantages of positive feedback, because recognition and praise contributes to high morale (Hellriegel et al., 2002; Swansburg & Swansburg, 2002; Tomey, 2000). Staff also declared that Departmental Managers lacked of coaching skills, in spite of the fact that this competency was crucial for best practice management style for middle managers (Zairi & Jarrar, 2001). Moreover, although the focus of leaders should be to motivate their followers (Mullins, 1996), Departmental Managers lacked motivating skills.
However, Jay (1996) warned that middle managers required frequent motivation programmes themselves.

As 'Skills to build relations with staff', Departmental Managers lacked impartiality and did not recognise the needs of Ward Managers. Another competency which was included in this category was the lack of communication skills exhibited by Departmental Managers. This contrasts with the results of the study by Timmreck (2000), which showed that middle managers put quite an amount of effort building human relations, with communication being one of the skills used mostly by middle managers. Furthermore communication was a key factor in predicting key middle management success (Mathena, 2000; Pappas et al., 2004).

Nonetheless, Swansburg and Swansburg (2002), caution that lack of communication may result if managers view their knowledge of events as power, and so refrain from communication not to share this power. Moreover, although Cohen (1990) and Tichy (1997) advocate that leaders be on the shopfloor, according to staff, Departmental Managers did not do this. Neither did Departmental Managers exhibit empathy. Indeed, Zaleznik (1977) declared that managers may lack empathy. Nevertheless, empathy indicates concern and respect, and lays the ground for trust, cooperation and collaboration between employees and managers (Simpson & Keegan, 2002; Swansburg & Swansburg)

Skills which were grouped in the category of ‘Professional skills’ included: lack of strategic planning skills and lack of change agent skills. Actually, Handy (2002), Karp (2002), and Zaleznik (1977), claimed that managers are conservators of the status quo. However, in order to be successful, nurse managers need to learn to manage change (Sofarelli & Brown, 1998; Swansburg & Swansburg, 2002). Staff also asserted that Departmental Managers lacked decision-making skills and leadership training. In fact, according to Senge (1996), most managers do not see themselves as needing training. This may be because most are trained
on the job (Davies, 2001). However, Casey (1995), states that position does not endow a leadership mantle.

Other professional skills which Departmental Managers lack include: influencing tactics, conflict management and negotiation skills. Conversely, Hellriegel and Slocum (2004), Kellerman (2004), Kouzes and Posner (1987), and Yukl (1989), declare that managers should use influencing tactics. In addition to this, conflict management and negotiation skills were identified as being critical to the success of the role of nursing managers (Mathena, 2002).

Negative characteristics show that many leadership skills are not practiced by Departmental Managers. This may be because, as revealed by Timmreck (2000), leadership is only the fourth skill mostly used by middle managers. However, it is important to point out that these results contrast with what is advocated from the studies carried out in British National Health Services, whereby leadership was considered to be the single most important criterion of managerial effectiveness (Dawes, 2002; Hamlin, 2002).

The results reveal that Departmental Managers exhibit both positive and negative leadership characteristics. Positive characteristics depict the leadership skills which Departmental Managers exhibit, according to Ward Managers only. Negative characteristics describe the leadership skills which Departmental Managers lack, and was collated from both sources of information. Thus, it is reasonable to speculate that this is the correct profile of the leadership skills exhibited by Departmental Managers. However, the existence of positive characteristics cannot be ignored. Hence, these results might provide the groundwork for exploring this issue further.
5.4 A PROFILE OF THE LEADERSHIP SKILLS WHICH DEPARTMENTAL MANAGERS ARE EXPECTED TO EXHIBIT

This section describes the overall leadership skills which Departmental Managers are expected to exhibit according to both Ward Managers and Practice Development Nurses. Certain leadership skills were either mentioned by Ward Managers only or by Practice Development Nurses only, whereas others were mentioned by both. In this case, Ward Managers and Practice Development Nurses were referred to collectively as ‘staff’.

The leadership skills which Departmental Managers should exhibit were classified as Essential Leadership Features, using the same 4 categories as previously:

Personal characteristics

Staff would like Departmental Managers to exhibit self-confidence. According to Mahoney (2001), self-confidence is an essential quality for nursing leaders. In fact, through self-confidence, leaders not only believe in themselves but they also make it clear to others that the latter are necessary to achieve their dream (Handy, 1997). Moreover, self-confidence emits calmness and strength during difficult times (Freshman & Rubino, 2002).

In addition to this, Departmental Managers are expected to exhibit intelligence, transparency, consistency, self-control and self-awareness. Staff also maintained that Departmental Managers ought to be optimistic. This is supported by Cohen (1990), Goleman et al. (2003), and Kotter (2003), who stated that optimistic leaders can see a setback as an opportunity, rather than as a threat.
Skills to develop the potential of staff

According to staff, Departmental Managers need to inspire a shared vision. This is also asserted by Kouzes and Posner (1987), and Stordeur et al. (2001). The latter showed that nursing leaders who inspired a shared vision, generated a favourable climate. In addition to this, by guiding with a compelling vision, leaders act as change catalysts, motivate and empower the staff (Goleman, 1998; Tomey, 2000; Tate, 1999; Turner, 2002; Yukl, 1989; Hackett & Spurgeon, 1996; Bennis, 2004; Cohen, 1990; Offerman, 2004; Mahoney, 2001; Sofarelli & Brown, 1998; Turner, 2002; Gopee, 1998; Barrett, 2004).

Staff would also like Departmental Managers to exhibit coaching skills. In fact, it is widely documented that coaching is a strategic imperative for managers (Covey, 1992; Drucker, 2000; Tichy, 1997), not only for organisational effectiveness (Zairi & Jarrar, 2001), but also to unblock the intellectual capital of employees (Bennis, 1999; Tichy). Furthermore, nursing leaders who coach their staff also generate a favourable working climate (Stordeur et al., 2001).

Another skill which Departmental Managers are expected to exhibit is clinical knowledge. Indeed, Bennis (1999), Cain (2005), Snow (2001), and Valentine (2002) uphold this assertion, since they maintain that effective leaders should be technically proficient in the field where they were working. In addition to this, staff would like Departmental Managers to demonstrate more teamworking skills. In fact, teamwork was one of the core skills of nursing leaders (Mahoney, 2001; Stordeur et al., 2001). Actually, through teamwork, managers can attain more employee commitment to the organisation (Hellriegel et al., 2002; Senge, 1996; Swansburg & Swansburg, 2002). Moreover, teamwork is an attribute of the democratic leadership style, which, according to Sharples (2003), decreases the social
distance between managers and employees, and instead fosters cooperation, discussion and understanding.

According to staff, Departmental Managers also ought to give positive feedback. Indeed, Kouzes and Posner (1987), state that through positive feedback, managers stimulate, renew and focus employees' energies. Furthermore, positive feedback is more influential to change behaviour than negative feedback (Kasser & Meldrum, 1995). Staff would also like Departmental Managers to exhibit role modelling skills. Mahoney (2001) supports this assertion. Managers need to be role models, since followers model the behaviour of their leaders (Hellriegel et al., 2002; Offerman, 2004).

Skills to develop relations with staff

According to Vitello-Cicciu (2002), nursing leaders need to build relations with staff in order to create a supportive and positive work environment.

Staff declared that Departmental Managers should communicate better. In fact, Senge (1996) claimed that front-line people seek good communication from their superiors, since the former are ultimately involved and experience what turns out to be strategic decisions. Communication is like the central nervous system of the leader-follower (manager-employee) relationship (Hellriegel et al., 2002; Swansburg & Swansburg, 2002). It influences morale which is related to productivity, quality, job satisfaction and motivation (Tomey, 2000). Therefore, this skill is a key element for organisational effectiveness (Hood, 2003; Timmreck, 2000), and for the success of the role of nursing managers (Mathena, 2002).
Departmental Managers are also expected to be impartial and exhibit empathy. Through empathy, managers recognise the personal and individual contribution of each employee to the organisation (Hackett & Spurgeon, 1996; Offerman, 2004; Sofarelli & Brown, 1998; Jay, 1996; Firth-Cozens, 2004; Timmreck, 2000; Farkas et al., 1995; Lancaster, 1999; Cohen, 1990; Collins, 2001). Empathy is also necessary in order to support nurses, in view of the very nature of their work (Pillmoor & Vaughan, 1993).

Furthermore, according to staff, Departmental Managers ought to be on the shopfloor. Cain (2005) supports this assertion, since this author claimed that leaders earn the right to lead, by using the power of spending time with their followers. Moreover, according to Drucker (2002), being on the shopfloor is necessary in order to get to know employees, be known to them, and mentor them. Besides these skills, Departmental managers are also expected to exhibit trust. In fact, Swansburg and Swansburg (2002) state that by fostering trust, managers would be treating employees, rather than technology or buildings, as the most important assets of the organisation. Hence, through trusting relationships, managers make maximum utilisation of the followers' potential (Cooper & Sawaf, 2004; Dulewicz & Higgs, 1998).

Professional skills

As 'Professional Skills', staff declared that Departmental Managers need to exhibit planning skills. In fact, planning contributes to organisational effectiveness through the achievement of organisational goals (Dulewicz, 2000; Hellriegel et al., 2002: Hood, 2003; Tichy, 1997). Moreover, Departmental Managers are expected to carry out their role of change agents. In fact, Mahoney (2001), and McMillan and Conway (2002), maintained that as leader, nursing managers have to direct change. Actually, Christian and Norman (1998) revealed that being change agents was one of the core skills which nursing leaders should possess. In addition to
this, staff also maintained that Departmental Managers need to seek training in leadership skills, be flexible, effective, proactive and exhibit problem-solving skills.

The number of leadership skills which Departmental Managers should exhibit according to both Ward Managers and Practice Development Nurses is quite extensive. Hence, one might speculate that Departmental Managers do actually require training in leadership skills. However, on the other hand, the local study by Xuereb (2001), most Ward Managers exercised Initiating structure leadership whereby they emphasised high performance and the achievement of goals. Therefore, could this be the reason why staff demand Departmental Managers to exhibit so many leadership skills, because they themselves exercised such skills? This research study cannot answer this question, but may have paved the way for further research about this issue.

5.5 COMPARING EXHIBITED AND NOT EXHIBITED LEADERSHIP SKILLS

When describing the leadership skills that Departmental Managers should exhibit, Ward Managers cited some leadership skills which they had previously asserted to be exhibited by their superiors (Positive results, Section 4.2.3.1). However, they also cited some skills which Departmental Managers lacked (Negative results, Section 4.2.3.2). On the other hand, the focus group participants were more consistent in their answers. In fact, all the leadership skills which the Practice Development Nurses stated to be lacked by Departmental Managers, the former mentioned that Departmental Managers are required to exhibit. Nevertheless, these latter also mentioned other skills which Departmental Managers are expected to exhibit but which they had not stated that these managers lacked.

In case of the general overview of the leadership skills which Departmental Managers lacked according to the negative characteristics (Section 5.3.2), and the leadership skills which
Departmental Managers should exhibit (Section 5.3), not all leadership skills were cited in both sections. In fact, for the category of ‘Personal characteristics’, whereas staff maintained that Departmental Managers lacked conscientiousness, this skill was not named as a skill to be exhibited by these managers. Conversely although staff mentioned that Departmental Managers should exhibit intelligence, this skill was not cited as being lacked by these managers.

This incongruence was also noted for the skill of trust, encompassed in the category ‘Skills to develop relationships with staff’, whereby staff did not mention that Departmental Managers lacked trust. On the other hand, for the skills of motivation, which was included in the category ‘Skills to develop the potential of staff’, and the skills of decision-making, influencing, conflict management and negotiation (all grouped under ‘Professional characteristics’), the opposite incongruence was observed. This means that staff claimed that Departmental Managers lacked these skills, but did not cite them as skills which Departmental Managers are required to exhibit.

In spite of this, it is important to mention that for all skills encompassed in the 4 categories, the comparisons showed consistency. Thus, the skills which staff maintained that Departmental Managers lacked, were cited by the same staff as being those skills which should be exhibited by these Departmental Managers.

Furthermore, the skills which were identified as being those skills exhibited by Departmental Managers, that is the positive results (Section 4.2.3.1), cannot be ignored. However, these skills were only mentioned by Ward Managers. The comparison between these skills and the skills which Ward Managers would like Departmental Managers to exhibit has already been discussed. On the other hand, on comparing these skills to the leadership skills which staff in
general would like Departmental Managers to exhibit, all the positive skills, except: influencing skills, awareness of the politics at organisational level, problem-solving, decision-making and objectivity (Professional skills category) were mentioned to be skills which Departmental Managers are expected to exhibit.

5.6 KNOWNLEDGE ABOUT EMOTIONAL INTELLIGENCE

As explained in the literature review, emotional intelligence is made up of intrapersonal and interpersonal competence skills. Each of these is divided into two domains and each domain constitutes a set of competencies (Goleman et al., 2003). However, neither Ward Managers nor Practice Development Nurses knew concretely what emotional intelligence was about. This could be due to the fact that emotional intelligence was only identified recently (Emmerling & Goleman, 2003). In fact, emotional intelligence was first described as a concept only in 1990 by Peter Salovey and John D. Mayer (Dulewicz, Higgs, & Slaski, 2003; Kierstead, 1999). Furthermore, it gained publicity after Daniel Goleman issued his best-seller ‘Emotional Intelligence: Why It Can Matter More than IQ’ in 1996, less than 10 years ago.

One needs also to point out to the international lack of knowledge and consensus about emotional intelligence. Actually, Catano (2001) argued that there is neither an agreed definition for emotional intelligence, nor an agreed method for identifying or measuring emotional intelligence competencies. As yet, there is also controversy in the literature as to whether emotional intelligence is a type of intelligence or not., whereby Goleman (1996) and Mayer et al. (2001) claimed that it is but Izard (2001) and Roberts, Zeidner, and Matthews (2001), stated that it is not.
Consequently, such lack of global knowledge and consensus about emotional intelligence, could account for the lack of concrete knowledge demonstrated by Ward Managers and Practice Development Nurses who participated in this study.

5.7 ARE EMOTIONAL INTELLIGENCE SKILLS A PREREQUISITE FOR DEPARTMENTAL MANAGERS?

As described in Section 5.6, neither Ward Managers nor Practice Development Nurses had concrete knowledge about emotional intelligence. In spite of this lack of knowledge, when comparing all the leadership skills which either Ward Managers, or Practice Development Nurses, or both, would like Departmental Managers to exhibit, some of the skills mentioned correspond to emotional intelligence skills. To aid understanding, the term 'staff' will be used to describe whether the particular leadership skill was mentioned either by Ward Managers, or by Practice Development Nurses or by both. The leadership skills mentioned by staff were classified according to the corresponding emotional intelligence competencies, using its 4 domains as categories, as shown in Table 4.
Table 4: *Leadership skills mentioned by staff with corresponding emotional intelligence competencies*

<table>
<thead>
<tr>
<th>EMOTIONAL INTELLIGENCE DOMAIN</th>
<th>EMOTIONAL INTELLIGENCE COMPETENCY</th>
<th>LEADERSHIP SKILLS WHICH DEPARTMENTAL MANAGERS ARE EXPECTED TO EXHIBIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-awareness</td>
<td>Self-awareness</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Self-assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-confidence</td>
<td>***</td>
</tr>
<tr>
<td>Self-management</td>
<td>Self-control</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Transparency</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Adaptability</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Achievement</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Initiative</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Optimism</td>
<td>***</td>
</tr>
<tr>
<td>Social awareness</td>
<td>Empathy</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Organisational awareness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td></td>
</tr>
<tr>
<td>Relationship management</td>
<td>Inspirational leadership</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>(guiding with a vision)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Influence</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Developing others</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Change catalyst</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Conflict management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Building bonds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teamwork</td>
<td>***</td>
</tr>
</tbody>
</table>

5.7.1 Self-awareness Domain

The self-awareness domain encompasses self-assessment, self-awareness and self-confidence (Goleman et al., 2003). Both self-awareness and self-confidence were skills which staff would like Departmental Managers to exhibit. In fact, these competencies enable leaders to recognise their strengths and weaknesses, and be confident about their capabilities in order to achieve their goals and vision (Goleman, 1998; Strickland, 2000; George, 2004; Mc Sherry, 2000; Armstrong, 1998; Gosling et al., 2003; Offerman, 2004).
5.7.2 Self-management domain

The skills which Departmental Managers are expected to exhibit and which correspond to the self-management domain include optimism, proactivity, transparency, flexibility and continuous education.

Staff maintained that Departmental Managers need to exhibit optimism. In fact, Goleman et al. (2003) claim that since emotions are contagious, leaders need to be optimistic even under intense pressure, in order to foster resonance and results in an environment of trust, comfort and fairness. Furthermore, optimism enhances both interpersonal interactions as well as the intellectual resources of the staff (Izard, 2001).

Another comparable skill was that of transparency. Leaders who exhibit this competency are open about their feelings, beliefs and actions, allowing their followers to sense that the leader can be trusted (Goleman et al., 2003). Staff also mentioned flexibility. In emotional intelligence terms, flexibility is referred to as the competency of adaptability. Adaptability enables leaders to be flexible and comfortable with ambiguities and change (Goleman et al.).

In addition to this, staff maintained that Departmental Managers are required to be proactive. Proactivity is termed as initiative, in emotional intelligence. This competency enables leaders to take actions, which could create better possibilities for the future (Goleman et al., 2003).

Staff also expects Departmental Managers to seek continuous professional education. In fact, Goleman et al. (2003), claimed that leaders should have high personal standards that drive them to constantly seek performance improvement, both for themselves and those they lead. This can be achieved through continually learning, an emotional intelligence competency known as ‘Achievement’.
5.7.3 **RELATIONSHIP MANAGEMENT**

Characteristics which staff mentioned and which are included under the relationship management domain include: having a vision, providing positive feedback and coaching skills, teamworking, being on the shopfloor, and having change agent skills.

Staff would like Departmental Managers to have a vision. Goleman et al. (2003), define the ability to have a vision, as the inspirational leadership competency. By inspiring with a compelling vision, leaders create resonance and a sense of common purpose (Goleman et al.). Furthermore staff would also like their managers to give them positive feedback and to coach them. Both these skills constitute the competency of developing others, which is also part of the relationship management domain. This competency enables leaders to cultivate people’s abilities and give them timely and constructive feedback (Goleman et al.). Furthermore, emotionally intelligent leaders know the strengths of subordinates and put them in jobs where they can make the greatest contributions, treating them as associates and exposing them to challenges (Drucker, 2000). Hence, leaders of winning organisations use emotional energy to help develop future leaders (Tichy, 1997).

Staff also demand that Departmental Managers exhibit teamwork. Indeed, emotionally intelligent leaders use teamwork to maximise harmony and collaboration, and to exploit the best talents of each member (Karp, 2002). Furthermore, through teamwork, emotionally intelligent leaders cultivate trust and group efficacy, which lead to increased cooperation, participation, creative thinking, commitment to goals, and productivity (Druskat & Wolff, 2001; Kerfoot, 1996; Snow, 2001; Harman, 2004).

Moreover, Departmental Managers are expected to be change agents. This is also an emotional intelligence competency, whereby leaders initiate, manage and lead in a new
direction (Goleman et al., 2003). The aim is to motivate employees to desire the change, because change driven by internal motivation is more enduring (Boyatzis, 2004).

5.7.4 Social Awareness

The social awareness domain is made up of the competencies of empathy, political awareness and service. However, only empathy was identified as a characteristic which staff would like Departmental Managers to exhibit. Through empathy, leaders take employees' feelings into consideration, and then make intelligent decisions that work those feelings into the desired responses, thereby fostering resonance (Goleman et al., 2003). Furthermore, the findings of Cummings et al. (2005), showed that nurses who were working for nursing leaders who displayed empathy, experienced less emotional exhaustion, better emotional health, greater workgroup collaboration and teamwork. In turn, this led to more quality care by frontline providers. Thus, this study also highlights the resonating impact of leaders on employees.

5.7.5 Other Skills Which Departmental Managers Should Exhibit

Other skills which should be exhibited by Departmental Managers include planning skills, problem-solving skills, effectiveness, consistency, intelligence, role modelling, and trust, impartiality, being on the shopfloor, clinical knowledge and communication skills. However, none of these skills correspond to any emotional intelligence competency.

As yet, one may point out that although staff claimed that Departmental Managers should exhibit clinical knowledge, Goleman (1998), stated that emotional intelligence competencies are twice as important to technical abilities for managers. On the other hand, emotional intelligence competencies promote effective communication skills even though this
competency does not form part of any emotional intelligence domain, (Cooper & Sawaf, 2004). In fact, intrapersonal and interpersonal competence skills enable leaders to communicate both implicitly but also tacitly with their followers, by acting as an emotional guide (Goleman, 1996; Goleman et al., 2003).

Despite that staff mentioned a number of leadership skills which do not correspond to any emotional intelligence competency, staff expect Departmental Managers to exhibit 13 out of the 19 emotional intelligence competencies. One should not forget that neither Ward Managers, nor Practice Development Nurses knew what competencies constituted emotional intelligence skills. As yet, they still mentioned these skills as being those skills with which they would like their managers to employ. This could be due to the fact that emotionally intelligent leaders exhibit better management performance (Carmeli, 2003; Cavallo & Brienza, 2000; Goleman, 1998; Slaski, 2000; Stone et al., 2005). Another reason might be that through such leadership performance, managers build closer working relationships through the power of emotions (Bardzil & Slaski, 2003; Cooper & Sawaf, 2004; Childs 2001).

According to Goleman (2002), leaders' fundamental task is an emotional task. So, the emotional tone set by leaders and the emotional intelligence skills used, are crucial to lead and influence employees (Goleman 1998; Goleman et al., 2003; Tomey, 2000). In addition to this, employees turn to leaders for direction, inspiration and motivation, because leaders manage meaning to their followers (Goleman et al.). Hence, this might explain why staff, demand that Departmental Managers exhibit at least 13 emotional intelligence competencies.
5.8 CONCLUSION

The aim of this chapter was to compare the results obtained from different sources to each other, as well as to the literature in order to address the objectives of the study. Thus, the leadership skills which managers should have as leaders were described. In addition to this, the information gathered from both sources uncovered both positive and negative leadership characteristics which Departmental Managers exhibit in their daily work. The leadership skills which Departmental Managers are expected to exhibit are also revealed. Furthermore, the lack of knowledge about emotional intelligence exhibited both by Ward Managers, as well as by Practice Development Nurses was discussed. Finally, the relevance and applicability of emotional intelligence skills to nursing leadership was examined according to the leadership skills which staff would like their managers to exercise on them.

The next chapter presents the conclusion of the study, together with some recommendations and their implications to management.
CHAPTER 6:

CONCLUSION:

*The End or the Beginning?*
Chapter 6 - CONCLUSION: The End or the Beginning?

6.1 INTRODUCTION

This chapter describes the conclusions of the study in Section 6.2. The recommendations and their implications to management are illustrated in Sections 6.3 and 6.4 respectively. Finally, Section 6.5 presents a general concluding remark.

6.2 CONCLUSIONS OF THE STUDY

This study has been innovative in identifying the leadership skills exhibited by Departmental Managers. Furthermore, the results revealed the leadership skills which subordinates would like these managers to exhibit. None of the studies which had been traced in the literature review had studied the leadership skills of managers from this aspect. These leadership skills were also compared to emotional intelligence competencies to determine whether these competencies should be exercised by Departmental Managers.

The results of this research study highlight the knowledge of Ward Managers about the leadership skills which managers are expected to have. Moreover, the inductive nature of this study revealed that Departmental Managers exhibit both positive and negative leadership characteristics. However, positive characteristics were mentioned by Ward Managers only, whereas negative characteristics latter were identified from both questionnaire respondents and the focus group informants, and stressed the leadership skills which Departmental Managers lacked.

Although some Ward Managers claimed that Departmental Managers exhibit positive leadership characteristics (Section 5.3.1), other Ward Managers and all Practice Development Nurses related an extensive list of leadership skills which they expect
Departmental Managers to practice. Finally, in spite of the fact that neither Ward Managers
nor focus group informants had concrete knowledge about emotional intelligence, 13
leadership skills which both would like Departmental Managers are emotional intelligence
skills!

6.3 RECOMMENDATIONS

The Negative characteristics show that Departmental Managers lack most leadership skills.
However, these managers may not know that this is their subordinates’ views. Therefore,
recommendations include the use of 360 degree feedback by Departmental Managers so that
they could learn their employees’ views. In addition to this, it is recommended better
communication, and the use of negotiating skills between Departmental Managers and Ward
Managers, and between Departmental Managers and Practice Development Nurses. Other
recommendations for Departmental Managers, relate to the adoption of management by
walking about and the development of teamwork with their subordinates.

It is also recommended that nursing middle managers should be trained academically for
such a post. Such recommendations are necessary so that Departmental Managers can fulfil
their leadership role more efficiently and effectively. Furthermore, in view of these results,
Departmental Managers should seek continuous training in leadership skills, but should also
implement the skills learnt from such training. Moreover, since informants would like
Departmental Managers to exhibit most emotional intelligence competencies, it is
recommended that the latter are included in all leadership training programmes for managers.
The benefits of these skills are also documented in the literature.
6.4 IMPLICATIONS TO MANAGEMENT

The results of this study highlighted a bottom-up approach, whereby both Ward Managers and Practice Development Nurses provided feedback about the leadership skills exhibited by Departmental Managers. Not only this, but they also made their recommendations about which leadership skills Departmental Managers are required to practice.

Should these recommendations be accepted, the direct implications would be the revision of managers' personnel specification, as well as the selection criteria for Departmental Managers. Furthermore, this would also necessitate the introduction of a 360-degree performance appraisal. However, it is advisable that a cost-benefit analysis is carried out to check the cost implications of such a tool. In addition to this, it is envisaged that in order to implement these recommendations, discussion and negotiation will be required with the Maltese Union for Nurses and Midwives.

Furthermore, additional costs will be incurred by the organisation in order to provide continuous leadership training, which may or may not include emotional intelligence to Departmental Managers. However, such initiative should not be hindered due to money, if financial resources are utilised with responsibility. On the other hand, academic training in health service management is being provided by the Health Department both at Post-Qualification Diploma level, as well as at Masters Degree level.

Other recommendations, such as better communication, management by walking about and teamwork do not have any cost implications to implementing, but would fulfil the wishes of staff.
6.5 CONCLUDING REMARK

Since this study was inspired by grounded theory, the findings are only applicable to nursing leadership within the only state-funded Maltese acute hospital. Nevertheless, these results reveal and illustrate the situation as it is. In fact, the information obtained highlights the knowledge of Ward Managers about the leadership skills which managers are expected to practice. This study also exposes both positive and negative leadership characteristics exhibited by Departmental Managers. Positive characteristics highlight the leadership skills which Departmental Managers use, and were identified from the responses of Ward Managers only. On the other hand, Negative characteristics, highlight the leadership skills which Departmental Managers lack, and were identified from the information obtained from Ward Managers and Practice Development Nurses. Furthermore, both Ward Managers and Practice Development Nurses put forward the leadership skills which they expect Departmental Managers to practise. Interestingly, although both sources of information did not have concrete knowledge about emotional intelligence skills, thirteen of the skills which they expect Departmental Managers to practice are emotional intelligence skills!
REFERENCES:


Retrieved on May 13, 2005, from


http://www.ed.uiuc.edu/EPS/PES-Yearbook95_docs/haig.html


BIBLIOGRAPHY:


APPENDIX A:

The Covering Letter
Dear colleague,

I am a final year M.Sc. Health Services Management student. As part fulfilment of my degree, I am conducting a study about the leadership skills of Nursing Managers. Permission to conduct this study has been sought and granted from the Director Nursing Services, the Manager Nursing services, St. Luke's Hospital Chief Executive Officer and the Medical Superintendent.

Your identity will be kept strictly confidential, since only I will have access to the personal data provided, which will be stored at my own residence. It is therefore important not to write your name anywhere on the questionnaire. Please regard this questionnaire as confidential, in order to diminish bias. When completed, please enclose the questionnaire in the envelope provided, seal the envelope and post it in the marked box at __________ by the __________. If for any reason you do not wish to take part in this study, you are free to do so. However, I would be very grateful if you agree to participate, since without your help this project would not be possible.

Please do not hesitate to contact me if you require assistance in filling this questionnaire.

Thank you in advance for your cooperation.

Claire Caruana,
B.Sc. Nurs. (Hons.)
Tel. No: 21823036.
Ittra tal-Kunsens

Ghażiż Sinjur/Sinjura,


Claire Caruana,

BSc. Nurs. (Hons.)

Tel. No: 21823036.
APPENDIX B:

The Questionnaire
APPENDIX B – The Questionnaire

Section A  Please tick where appropriate

Question 1
What is your grade? *(Please tick one box)*

☐ Nursing officer.  ☐ Deputy Nursing officer.

Question 2
Please tick your gender in one of the boxes below:

☐ Male.  ☐ Female.

Question 3
What was your age on your last birthday? *(Please tick one box)*


☐ 50 – 59.  ☐ 60+.

Question 4
For how long have you been in charge of this ward? *(Please tick one box)*

☐ 1 year or less.  ☐ 1 – 2 years.  ☐ 3 – 5 years.

☐ 6 – 10 years.  ☐ 10 years or over.
Section B  Please tick where appropriate

Question 5
Every manager should:  *(Please tick one or more of the following characteristics)*

☐ Understand his/her own feelings and how these influence other people.

☐ Manage his/her own bad moods and impulses.

☐ Have knowledge of clinical work.

☐ Be able to deal with each nurse’s feelings.

☐ Learn about the needs of each nurse.

Any others: ----

Question 6
List the skills which you think every manager should possess as a leader:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Question 7
I like the way my Departmental Manager leads his/her team: *(Please tick one box)*

☐ Yes.  ☐ No.  ☐ Not applicable.
**Question 8**

My Departmental Manager is able to empathise with me: *(Please tick one box)*

☐ Yes.    ☐ No.    ☐ Not applicable.

**Question 9**

My Departmental Manager is aware of the politics at organisational level:

*(Please tick one box)*

☐ Yes.    ☐ No.    ☐ Not applicable.

**Question 10**

My Departmental Manager uses influencing tactics: *(Please tick one box)*

☐ Yes.    ☐ No.    ☐ Not applicable.

**Question 11**

Have you read about emotional intelligence? *(Please tick one box)*

☐ Yes.    ☐ No.    ☐ Not applicable.

**Question 12**

What do you think emotional intelligence is about?
Question 13
Mark one or more characteristics which your Departmental Manager manifests when managing your team: *(Please tick one or more of the following characteristics)*

- ☐ Understands own feelings and how these influence other people.
- ☐ Manages own bad moods and impulses.
- ☐ Has knowledge of clinical work.
- ☐ Deals with nurses’ feelings.
- ☐ Learns about the needs of nurses.

Others:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Question 14
My Departmental Manager does not recognise my needs: *(Please tick one box)*

- ☐ Yes.  ☐ No.  ☐ Not applicable.

Question 15
My Departmental Manager radiates positive feelings: *(Please tick one box)*

- ☐ Yes.  ☐ No.  ☐ Not applicable.

Question 16
My Departmental Manager is impulsive: *(Please tick one box)*

- ☐ Yes.  ☐ No.  ☐ Not applicable.
Question 17

My Departmental Manager possesses the following skills:

(Please tick one or more of the following characteristics)


☐ Transparent. ☐ Conscientious ☐ Self-control

Other:


Question 18

My Departmental Manager is a reflective person: (Please tick one box)

☐ Yes. ☐ No ☐ Not applicable.

Question 19

My Departmental Manager maintains the status quo: (Please tick one box)

☐ Yes. ☐ No ☐ Not applicable.
Question 20

I would like my Departmental Manager to exhibit the following characteristics:

(Please tick one or more of the following characteristics)

☐ Understanding own feelings and how these influence other people.

☐ The ability to manage own bad moods and impulses.

☐ Knowledge of clinical work.

☐ Deal with nurses’ feelings.

☐ The ability to learn about the needs of nurses.

Others:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Question 21

I am influenced by the mood of my Departmental Manager: (Please tick one box)

☐ Yes. ☐ No ☐ Not applicable.

Why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Question 22
Which leadership skills do you think your boss (Departmental Manager) should have as a manager?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Question 23
My boss (Departmental Manager) needs training in leadership skills:

(Please tick one box)

☐ Yes. ☐ No. ☐ Not applicable.

Because:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Thank You.
APPENDIX C:

The Approvals
“Gruyeres”,
Triq Xandru Farrugia,
Tarxien, PLA 18.

Mr. J. Sharples,
Director Nursing Services,
Department of Health.

Subject: Request of permission in order to distribute questionnaires for the completion of
The Masters Degree in Health Service Management dissertation.

Dear Mr. J. Sharples,

As part fulfilment of the Masters Degree in Health Service Management, I, the
undersigned, have to conduct a research study. The title of this study is:
“A Study of the Leadership Skills adopted by Nursing Managers”.

Thus, I would like to request your permission in order to distribute the questionnaires to
all of the Nursing Officers and Deputy Nursing Officers who work at St. Luke’s Hospital.
Informed consent will be sought from these participants, and the data collected will only
be used for this thesis. Confidentiality will be maintained at all times.

Thank you in advance,
Regards,

Claire Caruana
Haematology Nurse
BSc. Nurs. (Hons).
"Gruyeres",
Triq Xandru Farrugia,
Tarxien, PLA 18.

Dr. F. Bartolo,
Medical Superintendent,
St. Luke’s Hospital.

Subject: Request of permission in order to distribute questionnaires for the completion of
The Masters Degree in Health Service Management thesis.

Dear Dr. F. Bartolo,

As part fulfilment of the Masters Degree in Health Service Management, I, the
undersigned, have to conduct a research study. The title of this study is:
“A Study of the Leadership Skills used by Nursing Managers”.

Thus, I would like to request your permission in order to distribute the questionnaires to
all of the Nursing Officers and Deputy Nursing Officers who work at St. Luke’s Hospital.
Informed consent will be sought from these participants, and the data collected will only
be used for this thesis. Confidentiality will be maintained at all times.

Thank you in advance,
Regards,

Claire Caruana
Haematology Nurse
BSc. Nurs. (Hons).

Approved
12/8/04
Subject: Request of permission in order to distribute questionnaires for the completion of The Masters Degree in Health Service Management thesis.

Dear Dr. K. Grech,

As part fulfilment of the Masters Degree in Health Service Management, I, the undersigned, have to conduct a research study. The title of this study is: “A Study of the Leadership Skills used by Nursing Managers”.

Thus, I would like to request your permission in order to distribute the questionnaires to all of the Nursing Officers and Deputy Nursing Officers who work at St. Luke’s Hospital. Informed consent will be sought from these participants, and the data collected will only be used for this thesis. Confidentiality will be maintained at all times.

Thank you in advance,

Regards,

Claire Caruana
Haematology Nurse
BSc. Nurs. (Hons.)
Mr. P. Abdilla,
Manager Nursing Services,
St. Luke’s Hospital.

Subject: Request of permission in order to distribute questionnaires for the completion of
The Masters Degree in Health Service Management dissertation.

Dear Mr. P. Abdilla,

As part fulfilment of the Masters Degree in Health Service Management, I, the
undersigned, have to conduct a research study. The title of this study is:
“A Study of the Leadership Skills used by Nursing Managers”.

Thus, I would like to request your permission in order to distribute the questionnaires to
all of the Nursing Officers and Deputy Nursing Officers who work at St. Luke’s Hospital.
Informed consent will be sought from these participants, and the data collected will only
be used for this thesis. Confidentiality will be maintained at all times.

Thank you in advance,
Regards,

Claire Caruana
Haematology Nurse
BSc. Nurs. (Hons).
11th August 2004

Ms Claire Caruana
Gruyeres
Xandru Farrugia Stre.,
Tarxien PLA16

Dear Ms Caruana,

Please find enclosed proposals together with the feedback. Please take note of the amendments that need to be carried out prior to submitting the proposals for the Research Ethics Committee.

You are advised to contact your supervisor in order to ensure that the necessary changes are carried out.

You are required to submit the copies of the proposals to the Research Ethics Committee by not later than Friday 3rd September.

Sincerely

Dr Natasha Azzopardi Muscat
Coordinator,
Division of Health Services Management
Institute of Health Care

Cc Dr Joseph G. Azzopardi
Ref. No: 169/2004

16th November, 2004

Dear student

Please refer to your application submitted to the Research Ethics Committee in connection with your undergraduate dissertation entitled:

**NURSING MANAGERS' LEADERSHIP SKILLS: AN INVESTIGATION**

At the last meeting of the Research Ethics Committee held on 12th October, 2004, members reviewed and approved the above-mentioned Protocol.

You are kindly requested to submit to the Research Ethics Committee a brief report on completion of your research.

Yours sincerely

[Signature]

Professor V. Ferrito
Chairman
Research Ethics Committee
Institute of Health Care

cc: Dr J. Azzopardi, Supervisor
    Data Protection

CLAIRE CARUANA
GRUYERES
XANDRU FARRUGIA STREET
TARXIEN PL-116
APPENDIX D:

Tables
### Table A1: The leadership competencies of managers

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>LEADERSHIP SKILLS</th>
<th>VERBATIM EXCERPTS</th>
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<tr>
<td></td>
<td>&quot;evaluating&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;praise staff for their efforts&quot;</td>
<td></td>
</tr>
<tr>
<td>Teamworking</td>
<td>&quot;democratic&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;participative&quot;</td>
<td></td>
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<tr>
<td></td>
<td>&quot;team developing&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;empowerment&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;enhance teamwork&quot;</td>
<td></td>
</tr>
<tr>
<td>Having a vision</td>
<td>&quot;clear vision&quot;</td>
<td></td>
</tr>
<tr>
<td>Communication skills</td>
<td>&quot;communication including listening&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;good communication&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;take time to listen&quot;</td>
<td></td>
</tr>
<tr>
<td>Show empathy</td>
<td>&quot;should understand the needs of subordinates&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;recognise the needs of team members&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;understands emotions of staff&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;learn about the needs of each nurse&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;be in nurses' shoes&quot;</td>
<td></td>
</tr>
<tr>
<td>Be an advocate for the staff</td>
<td>&quot;stand up for the staff&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;helps not hinders&quot;</td>
<td></td>
</tr>
<tr>
<td>Impartiality</td>
<td>&quot;equality with all the nurses&quot;</td>
<td></td>
</tr>
<tr>
<td>Friendliness</td>
<td>&quot;friendly with staff&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;not be cruel to be kind&quot;</td>
<td></td>
</tr>
<tr>
<td>Be on the shopfloor</td>
<td>&quot;be available&quot;</td>
<td></td>
</tr>
<tr>
<td>Leadership skills</td>
<td>&quot;should be a leader&quot;</td>
<td></td>
</tr>
<tr>
<td>Planning skills</td>
<td>&quot;setting objectives&quot;</td>
<td></td>
</tr>
<tr>
<td>Organising skills</td>
<td>&quot;organise unit and staff&quot;</td>
<td></td>
</tr>
<tr>
<td>Accountability</td>
<td>&quot;accountable&quot;</td>
<td></td>
</tr>
<tr>
<td>Decision-making skills</td>
<td>&quot;be able to take decisions&quot;</td>
<td></td>
</tr>
<tr>
<td>Problem solving skills</td>
<td>&quot;deal with problems&quot;</td>
<td></td>
</tr>
<tr>
<td>Prioritisation</td>
<td>&quot;prioritise&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;practical&quot;</td>
<td></td>
</tr>
<tr>
<td>Resource management</td>
<td>&quot;efficient and effective resource use&quot;</td>
<td></td>
</tr>
<tr>
<td>Change agent</td>
<td>&quot;implement change&quot;</td>
<td></td>
</tr>
<tr>
<td>Time management</td>
<td>&quot;time management&quot;</td>
<td></td>
</tr>
<tr>
<td>Delegation skills</td>
<td>&quot;giving and getting instructions&quot;</td>
<td></td>
</tr>
</tbody>
</table>

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Table A2: *Leadership skills which Departmental Managers lack (according to Ward Managers)*

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>LEADERSHIP SKILL</th>
<th>VERBATIM RECORD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal characteristics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of optimism</td>
<td>&quot;my day is started off badly if she is in a bad mood&quot;</td>
<td></td>
</tr>
<tr>
<td>Lack of self-control</td>
<td>&quot;if she is in a bad mood she is not so cooperative&quot;</td>
<td></td>
</tr>
<tr>
<td><strong>Skills to develop the potential of subordinates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of motivational skills</td>
<td>&quot;Demotivates the staff, only criticises badly&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;skill of demotivating the staff&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;criticism is taken seriously&quot;</td>
<td></td>
</tr>
<tr>
<td>Lack of providing positive feedback</td>
<td></td>
<td>&quot;unrecognition demotivates me&quot;</td>
</tr>
<tr>
<td><strong>Skills to build relations with staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of communication skills</td>
<td>&quot;lacks much staff meetings which shall be regular to address the needs of her staff as well&quot;</td>
<td></td>
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<tr>
<td></td>
<td>&quot;needs to communicate better&quot;</td>
<td></td>
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<tr>
<td>Not on the shopfloor</td>
<td>&quot;D.N.M.is only on the ward for a short time&quot;</td>
<td></td>
</tr>
<tr>
<td>Lack of impartiality</td>
<td>&quot;rules are bent to accommodate favourite staff&quot;</td>
<td></td>
</tr>
<tr>
<td><strong>Professional skills</strong></td>
<td>Lacks decision-making skills</td>
<td>&quot;is not able to make decisions&quot;</td>
</tr>
</tbody>
</table>
Table A4: Comparing the responses of Ward Managers

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>SKILLS WHICH DEPARTMENTAL MANAGERS SHOULD EXHIBIT</th>
<th>POSITIVE RESULTS</th>
<th>NEGATIVE RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal characteristics</strong></td>
<td>Self-confidence</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Transparent</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Self-awareness</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Self-control</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Optimistic</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td><strong>Skills to develop the potential of the staff</strong></td>
<td>Clinical knowledge</td>
<td>***</td>
<td></td>
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<tr>
<td></td>
<td>Coaching</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Teamwork</td>
<td>***</td>
<td></td>
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<tr>
<td></td>
<td>Positive feedback</td>
<td>***</td>
<td></td>
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<tr>
<td></td>
<td>Vision</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td><strong>Skills to build relations with staff</strong></td>
<td>Be on the shopfloor</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communication skills</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Empathy</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td><strong>Professional skills</strong></td>
<td>Change agent</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Problem-solving</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td>CATEGORY</td>
<td>EXPLANATION</td>
<td>VERBATIM RECORDS</td>
<td></td>
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<tr>
<td>--------------------------------</td>
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<td>-------------------------------------------------------</td>
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</tr>
<tr>
<td>Self-management</td>
<td>Self-awareness</td>
<td>&quot;knowing one's emotions&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-control</td>
<td>&quot;controlling one's emotions especially negative emotions, not allowing them to interfere with your daily work&quot;</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&quot;effect on judgement and behaviour&quot;</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&quot;one's behaviour under emotional stress&quot;</td>
<td></td>
</tr>
<tr>
<td>Managing other people's emotions</td>
<td>Using Empathy</td>
<td>&quot;the ability to understand another's feelings or emotions&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;recognise people's emotions&quot;</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&quot;understand other's emotional state&quot;</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&quot;empathise emotionally with problems and situations which arise with staff and patients and act accordingly with intelligence and humanity&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deal with people's emotional crisis</td>
<td>&quot;solve problems that involve staff emotions&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Know each employee individually</td>
<td>&quot;know the abilities, skills, physical and psychological characteristics of each employee&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;understanding of individual and group behaviour&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;you can forecast people's reactions&quot;</td>
<td></td>
</tr>
<tr>
<td>Personal attributes</td>
<td>Maturity</td>
<td>&quot;being mature&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-motivation</td>
<td>&quot;Motivating oneself&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intellectual abilities</td>
<td>&quot;The knowledge one feels&quot;</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&quot;you have also to think with your head when making decisions&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interpersonal skills</td>
<td>&quot;good listening&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;handling relationships&quot;</td>
<td></td>
</tr>
<tr>
<td>Use of emotions</td>
<td>Combination of emotion with intelligence</td>
<td>&quot;combine emotion with intelligence&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotional blackmail</td>
<td>&quot;emotional blackmail&quot;</td>
<td></td>
</tr>
</tbody>
</table>
Table A6: *Leadership skills exhibited by Departmental Managers (according to Practice Development Nurses)*

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>LEADERSHIP SKILLS</th>
<th>VERBATIM EXCERPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal characteristics</td>
<td>Lack of optimism</td>
<td>“should have a personality and attitude which are realistic and positive”</td>
</tr>
<tr>
<td></td>
<td>Lack of self-confidence</td>
<td>“Do not even possess self-confidence”</td>
</tr>
<tr>
<td>Skills to develop the potential of staff</td>
<td>Lack of vision</td>
<td>&quot;unless the vision is common that we need to upgrade&quot;</td>
</tr>
<tr>
<td></td>
<td>Lack of positive feedback</td>
<td>&quot;lack of appraisal is really felt&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;if things are done right, maybe it is not perfect but right, but hardly ever we hear “Well done”</td>
</tr>
<tr>
<td></td>
<td>Lack coaching skills</td>
<td>“they may not see staff development as important”</td>
</tr>
<tr>
<td></td>
<td>Lack clinical knowledge</td>
<td>&quot;lack clinical knowledge of the areas they are managing&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;cannot lead unless you are an expert in the field&quot;</td>
</tr>
<tr>
<td></td>
<td>Lack of role modelling</td>
<td>&quot;you have to practice those principles…show them that it is possible&quot;</td>
</tr>
<tr>
<td></td>
<td>Lack of teamwork</td>
<td>&quot;Unless we start thinking on the same wavelength, there will always be conflicts, and go in different directions&quot;</td>
</tr>
<tr>
<td>Skills to build relations with staff</td>
<td>Lack of communication</td>
<td>&quot;listening&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;need better communication skills&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;lack of interpersonal skills&quot;</td>
</tr>
<tr>
<td></td>
<td>Are not on the shop floor</td>
<td>&quot;they are not aware of what is happening in the wards and the problems which staff face&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;They are not really conversant with actual patient needs&quot;</td>
</tr>
<tr>
<td></td>
<td>Lack of empathy</td>
<td>&quot;the manager has to get accustomed to what employees are experiencing&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;they need to be there, they need to support&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Individualisation is not practised&quot;</td>
</tr>
<tr>
<td>Professional skills</td>
<td>Lack of strategic planning</td>
<td>&quot;no strategy&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;no planning but crisis management&quot;</td>
</tr>
<tr>
<td></td>
<td>Not change agents</td>
<td>&quot;Managers are interested in running the ward smoothly on a day to day basis&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;work has become routine&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;focus on the job and not the patient&quot;</td>
</tr>
<tr>
<td></td>
<td>Lack of training in leadership skills</td>
<td>&quot;it is a question of personality and knowledge, including leadership knowledge&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;the way they were promoted to this grade&quot;</td>
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<tr>
<td></td>
<td></td>
<td>&quot;they do not consider the need to learn but would say &quot;we have been 30 years without training&quot;</td>
</tr>
<tr>
<td>CATEGORY</td>
<td>LEADERSHIP SKILLS</td>
<td>VERBATIM EXCERPTS</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Personal characteristics</td>
<td>Self-confidence</td>
<td>&quot;Even self-confidence, they do not have, but should have&quot;</td>
</tr>
</tbody>
</table>
|                                | Optimistic            | "bring out the positive side of the problem"  
"see the positive aspect in every situation"  
"because you have a certain manager, all the staff amalgamate together and work in harmony"  
"staff act in series for example if one feels down today, all others are influenced and start feeling down" |
|                                |                       | Personal characteristics:  
"see the positive aspect in every situation"  
"staff act in series for example if one feels down today, all others are influenced and start feeling down"  
"staff amalgamate together and work in harmony" |
|                                | Have a vision         | "should help to improve nursing practice and move nursing forward"                                                                                                                                             |
|                                | Provide positive feedback | "give praise and feedback, positive feedback"                                                                                                           |
|                                | Coaching skills       | "as a guide, as a coach"  
"give advice"  
"you have more than one manager managing their own area of care"  
"enhance the personal professional development of nurses and midwives"  
"empower the staff—seek the knowledge that they will need" |
|                                | Clinical knowledge    | "To succeed you have to know your job and that of your employees"  
"you have to research things" |
|                                | Role modelling        | "act as a role model"  
"A leader can role play"  
"try it on your own skin"  
"What I can do you can do"  
"show staff that it is possible" |
|                                | Teamwork              | "I am one of you"  
"be part of those being led"  
"This is the cue—allowing people to be with you, touching people"  
"Take them on board"  
"make them participate"  
"the ownership factor will come from the followers" |
|                                | Communication skills  | "listen more"  
"offer a listening ear" |
| Skills to develop the potential of staff | Be on the shop floor | "go down to the shop floor, being with them" |
|                                | Empathy               | "be supportive"  
"staff are as vulnerable as patients" |
|                                | Impartial             | "have to be fair with all nurses of the ward, with no preferential treatment" |
| Skills to build relations with staff | Strategic planning   | "good planning"  
"focusing on goals" |
|                                | Change agent          | "focus too much on maintaining the status quo"  
"such proposals should be marketed as opportunities not as a punishment"  
"Leadership requires education, training, updating and knowledge"  
"need continuous professional education" |

Table A7: Leadership skills which Departmental Managers should exhibit (According to Practice Development Nurses)
Table A8: *Leadership skills which Departmental Managers lack (Negative characteristics)*

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>LEADERSHIP SKILL LACKED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal characteristics</strong></td>
<td>Optimism</td>
</tr>
<tr>
<td></td>
<td>Self-confidence</td>
</tr>
<tr>
<td></td>
<td>Conscientiousness</td>
</tr>
<tr>
<td></td>
<td>Transparency</td>
</tr>
<tr>
<td></td>
<td>Self-awareness</td>
</tr>
<tr>
<td></td>
<td>Self-control</td>
</tr>
<tr>
<td><strong>Skills to develop the potential of staff</strong></td>
<td>Vision</td>
</tr>
<tr>
<td></td>
<td>Positive feedback</td>
</tr>
<tr>
<td></td>
<td>Coaching skills</td>
</tr>
<tr>
<td></td>
<td>Role modelling</td>
</tr>
<tr>
<td></td>
<td>Teamwork</td>
</tr>
<tr>
<td></td>
<td>Motivation skills</td>
</tr>
<tr>
<td><strong>Skills to build relations with staff</strong></td>
<td>Communication skills</td>
</tr>
<tr>
<td></td>
<td>Being on the shop floor</td>
</tr>
<tr>
<td></td>
<td>Empathy</td>
</tr>
<tr>
<td></td>
<td>Impartiality</td>
</tr>
<tr>
<td><strong>Professional skills</strong></td>
<td>Strategic planning</td>
</tr>
<tr>
<td></td>
<td>Change agent</td>
</tr>
<tr>
<td></td>
<td>Leadership training</td>
</tr>
<tr>
<td></td>
<td>Negotiation skills</td>
</tr>
<tr>
<td></td>
<td>Influencing tactics</td>
</tr>
<tr>
<td></td>
<td>Conflict management</td>
</tr>
<tr>
<td></td>
<td>Decision-making skills</td>
</tr>
</tbody>
</table>
