

## **In command of care: Toward the theory of congruent leadership**

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# In command of care: Toward the theory of congruent leadership



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I concluded my review of the sister-paper to this one (Stanley, 2006) with the observation that it raised more questions than it answered, and left me wanting more. This discussion paper, based on the findings of the empirical study reported previously, goes at least some way towards satisfying this desire. In particular, it challenges the current trend towards the transformational leadership model with a new theory of 'congruent leadership'. Thus, the unfulfilled promise of the previous grounded theory study to actually deliver a theory is realised in this paper, since the theoretical model of congruent leadership is grounded firmly in data from practitioners themselves.

It might be worth briefly reiterating some of the main qualities of the congruent clinical leader, since they challenge some of our basic assumptions about nurse leaders and nursing leadership. Most significantly, congruent leaders are grounded in the present rather than in the future. As the author so memorably puts it, the issue is about where the leader stands, not where they are going, about stance rather than vision. Although congruent leaders might well have a vision, this is not what makes them attractive to others. Rather, it is their ability and desire to stand by their values and beliefs, even when these fly in the face of managerial policy and accepted practice. This moral stance by congruent leaders lies at the heart of many of their other traits, in particular their strong belief in leading by their actions, their ability to empathise both with colleagues and patients, and their willingness to engage in and to promote the 'dirty work' of nursing. From my own experience, none of these findings came as a surprise. The only note of discord for me was the finding that creativity was not considered a valued trait in congruent leaders, although the author suggested that this could perhaps be explained as a failure of the research tool to explain fully what was meant by the terms 'creative' and 'artistic'.

Inevitably in a paper of this length, some issues could not be fully developed, and I was left feeling curious and a little frustrated by some of the unexplored issues. First, the author's mention of the 'dirty work' of nursing immediately triggered in me thoughts of Schön's 'swampy lowlands' of practice. There are, perhaps, links between congruent leadership and reflection-in-action that could be usefully explored in further studies. Second, the very term 'congruence', along with the trait of empathy identified by many respondents, led me to think about Carl Roger's work on person-centredness. Congruence and empathy, along with non-judgementalism, were the three qualities that Rogers identified as being necessary and sufficient in a

wide range of activities, including counselling, teaching and leading. For Rogers, these qualities were not skills to be learnt, but a 'way of being' to be developed. Since few of the clinical leaders in this study were actively trying to lead, we should perhaps ask ourselves whether congruent leadership is a natural way of being, rather than a skill to be taught. This question clearly has implications for how the profession prepares the next generation of clinical leaders, and would make a very useful follow-up study.

By the time they reach the end of their PhD theses, many researchers are so exhausted by or fed up with the process that they simply publish their findings and move on to the next topic. I believe that this particular issue has far more to yield and far more to tell us about clinical leadership, and my hope is that it will form the foundation for a continuing and sustained programme of research.

## **Reference**

- Stanley, D., (2006) In command of care: clinical nurse leadership explored. *Journal of Research in Nursing* 11:1, 20-39,