

## Editorial

# Management, leadership and patient outcomes

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Writing my first editorial as associate editor of the JNM has helped me to realize just what a broad spectrum of issues and concerns is subsumed under the title of nursing management. Even when papers are collected together under themes, as in the case of this journal, the diversity is still apparent. In this issue, for example, under the collective theme of **Management, Leadership and Patient Outcomes** you will find a number of quite different and even opposing perspectives on the subject of management.

Several authors have focussed on the controlling, measuring or ordering aspect of management with regard to both staff and patients. As Perroca and Ek point out, patient classification systems have an important role to play not only directly in relation to patient care, but also indirectly in the planning of staff workloads and the allocation of resources. A general consensus from these papers was that the classification tools and systems were useful, but failed to address the less tangible aspects of nursing work such as decision-making, assessment and, most importantly, quality of care. This raises important questions about the scope and limitations of these instruments. One response, as advocated by Brady *et al.*, would be to refine the instruments so that they are more sensitive to such intangibles as decision-making, and even quality, in all of their variations. Rauhala and Fagerström, whilst acknowledging the important contribution made by such instruments to resource planning, recognize that other factors such as a patient-centred caring culture are equally important. Their paper also suggests that where these instruments identify resource deficits that cannot be met, disempowerment of staff often ensues.

This brings us to the other face of the management coin: as well as control, effective managers are concerned also with handing over control to others, that is, with facilitation and empowerment. In this issue, Kuokkanen *et al.* have explored some of the factors which promote and impede the empowerment of staff, and discovered that whilst organizational changes can facilitate empowerment, so too can management style. In particular, a flat hierarchy without an overt line management structure (what the authors refer to as 'participatory management') appeared to empower

staff. This conclusion that empowerment is inversely related to externally imposed management suggests perhaps that what is required are leaders rather than managers.

The theme of leadership is picked up in several of the papers in this edition. In a systematic review of recent literature, Wong and Cummings focus on the relationship between nursing leadership and patient outcomes. In all, seven papers reviewed by the authors reported an association between a variety of patient outcome measures and 'open' or transformational leadership styles. Although most of these studies neglected to explore the mediating variable of staff behaviour, one suggested that 'a wide span of control (total number of staff reporting directly to the manager) decreased the positive effects of transactional leadership style on patient satisfaction'. This finding concurred with the findings of Kuokkanen *et al.* in this edition of a conflict between managerial control and staff autonomy, and suggests that it is the latter factor that is more influential in determining certain patient outcomes such as satisfaction. Similarly, Rosengren *et al.* identify transformational leadership as the preferred approach of nursing staff, who emphasized the importance of managers being present and available to offer support rather than attempting to control and overtly 'manage' the staff. Suzuki *et al.* approach the issue of empowerment from the bottom rather than the top and explore the need for assertive staff rather than empowering or transformational leaders.

Shanley looks beyond the nursing literature to address, among other issues, the question of 'top-down' *vs.* 'bottom-up' management styles. The conclusion, perhaps unsurprisingly, is that neither alone is likely to be effective in bringing about positive change, and that a number of other, less tangible factors exert a considerable influence. Some of these factors are picked up by O'Donohue and Nelson, who focus particularly on the ideological agendas of nurses and the informal 'psychological contracts' they negotiate with their employers. This study introduces a whole new perspective on the top-down *vs.* bottom-up, management *vs.* leadership, control *vs.* empowerment debate. Significantly, it opens the door for a much closer examination of the

ways that addressing the psychological, ideological and other broader agendas of the nurse might contribute towards meeting the needs of the patient.

The issue emerging from all of these papers is the tension between the management functions on the one hand of imposing power and control, and on the other of empowering staff. It is tempting to conclude that what is required is simply a little of each. However, whereas several studies in this issue emphasize the importance of the measurement and classification of staff output and patient outcome, at least two others suggest that direct line management might have a detrimental effect on patients and staff alike. Ultimately,

however, whichever management style is adopted, there remains a complex three-way relationship between managers, clinical staff and patients. In particular, the papers in this issue suggest that, for managers, the physical, social and psychological needs of nurses cannot be separated from the equivalent needs of patients.

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