

An illustration of a person in a dark blue suit, seen from the back, standing against a light blue background. The person's back is adorned with several symbolic icons: a dollar sign (\$) at the neck, a compass rose on the upper back, a glowing lightbulb, a balance scale, a head profile with gears inside, and two interlocking puzzle pieces at the waist. The person's right arm is extended to the side. In the background, there are faint, light blue silhouettes of three other people. The text "Standout nurse leaders" is written in a bold, sans-serif font, with "Standout" in yellow and "nurse leaders" in black, positioned across the middle of the image.

# Standout nurse leaders



# ...What's in the research?

By Vickie Hughes, DSN, MSN, BSN, CNS

**N**ursing leadership differs from general leadership due to the influence of clinical practice. Simply put, nurse leaders have a responsibility to influence and improve the healthcare practice environment.<sup>1</sup> But, what exactly are the characteristics of great nurse leaders? Let's review the recent research...

## Method

A search of CINAHL, PubMed, and Google Scholar for the terms "characteristics, great, nurse, leaders" from February 2006 through February 2016 yielded 58,994 articles. The search was narrowed to include only peer-reviewed journals, research, English-only articles, and full text available online. Abstracts were reviewed for relevance, and duplicate studies were removed from the search. Studies that didn't

specifically address characteristics of nurse leaders were eliminated. The reference lists of selected studies were also reviewed for possible inclusion. A total of 10 published studies met the inclusion criteria for this review. (See *Table 1*.)

## Quality

The 10 studies were reviewed using Johns Hopkins criteria for quality and strength of evidence. Seven of the studies were qualitative interviews, one of the studies was descriptive using a survey, and the final two studies were reviews. According to the Johns Hopkins criteria, all of the studies were of good to excellent quality. In addition, the Guidelines for Critical Review Form—Qualitative Studies was used to evaluate the quality and strength for the seven qualitative studies. Based on these guidelines, all seven of

**Table 1: Selected findings**

Authors	Sample size	Purpose
Anonson et al. (2014)	Six frontline Canadian nurses	To examine the characteristics of exemplary nurse leaders in times of change from the perspective of frontline nurses
Wieck, Prydun, and Walsh (2002)	108 nursing students and 126 nurse managers	To describe desired traits as perceived by emerging and entrenched workforce members
Harris, Bennett, and Ross (2014)	Interview transcripts of 132 nurses	To explore nurses' accounts of Matron Muriel Powell's management and leadership style, and the impact on innovation in the workplace
Linton and Farrell (2009)	5 RNs with 5 years' ICU experience and a postgraduate critical care certificate	To explore ICU nurses' perceptions of nursing leadership in the adult ICU
Cummings et al. (2008)	26 manuscripts on 24 studies	Review the multidisciplinary literature to examine the factors that contribute to nursing leadership and the effectiveness of educational interventions in developing leadership behaviors among nurses
Stanley (2006)	13 pediatric unit staff for the pilot survey; 188 nurses for the survey; interviews with 42 hospital staff members and 8 clinical nurse leaders	To identify who the clinical leaders are and critically analyze the experience of being a clinical leader
Mannix, Wilkes, and Daly (2013)	10 papers	To define characteristics of clinical leadership
Mannix, Wilkes, and Daly (2015)	12 RNs working in clinical leadership roles	To explore how aesthetic leadership is embodied by clinical nurse leaders
Byrom and Downe (2010)	10 midwives	To explore the personal perspectives of midwives in relation to midwifery and leadership
Bish, Kenny, and Nay (2015)	5 directors of nursing in 5 rural regions in Australia	To examine the influences and leadership approaches of directors of nursing located in rural regions of Victoria, Australia



Method	Findings
Qualitative study, utilizing in-depth interviews with open-ended questions	Characteristics of exemplary nurses included passion for nursing, moral center, personal connection, ability to manage a crisis, and facilitating professional growth. The exemplary nurse demonstrated integrity and respect, optimism, expertise, teamwork, good communication skills, and modeling.
Descriptive survey	Honesty was the highest ranked of the 56 characteristics for a desired leader in both the nurse manager and nursing student groups. Both groups identified the same 7 out of 10 most desired characteristics of a leader, and the same 8 out of the 10 least desired traits of a leader. The 7 most desired traits of both groups: honesty, good people skills, receptive to people, good communicator, positive, supportive, and approachable. The 8 least desired traits of both groups: risk taker, strong willed, good business savvy, cheerful, high energy, calm, detail oriented, and inspirational.
Secondary data analysis using qualitative thematic analysis	Two themes of Matron Powell's leadership emerged: innovation and open communication. The ability to communicate at all levels was identified as a key leadership skill. Matron Powell created a working culture in which patients had access and staff members felt valued. The enthusiastic leadership and cooperative staff produced a culture that enabled and supported innovation.
Qualitative phenomenology, utilizing semistructured interviews	Five themes emerged as characteristics of effective nurse leaders: leading by example, good communicator, ability to think outside the management square, knowing staff, and stepping up in times of crisis. Categories under communication included delegation, consistency, being able to speak and guide, being approachable, and decreasing anxiety.
Systematic review	Factors for leadership effectiveness were categorized into four themes based on content analysis: behaviors and practices, traits and characteristics, context and practice settings, and leader participation in education activities. Behaviors and practices included initiating structure, consideration, role taking, relationship-based competencies, and use of situational leadership. Characteristics included openness, extroversion, motivation, older age, and more experienced. Context included more frequent contact with leaders; the opportunity to observe, model, and practice leadership; a facilitative leadership style for staff autonomy; and a more structured style for areas requiring more direction. Educational activities were the most significant factor contributing to increased leadership practices.
Qualitative and grounded theory approach	Characteristics of clinical leaders included clinical competence, clinical knowledge, effective communicator and decision maker, visible, role model, and approachable. The investigator concluded that vision isn't what motivates followers, but rather the demonstration and translation of values into actions. The author advocated for congruent leadership in which values and beliefs match leaders' actions.
Integrated review	Three categories of clinical leadership included follower/team focus, clinical focus, and personal qualities focus. Follower/team focus included resource, role model, listen, commitment, effective communicator, empowerment, motivator, and establishes therapeutic relationships. Clinical focus included competence, decision maker, management, expert, problem solver, use of evidence-based practice, and rapid-thinking skills. Personal qualities focus included integrity, flexibility, enthusiasm, vision, dynamic, driven, emotional maturity, consistent, positive attitude, risk taker, confident, and copes well with change.
Qualitative, conversation-style interviews	Three main themes included embodying principled practice, ethical leadership in ambiguous situations, and providing fair and just solutions. The investigators concluded that nurses who work in clinical settings value nurse leaders who operate with a strong moral compass.
Classic phenomenologic method	Skilled competence and emotional intelligence were identified as the two most important characteristics for good leadership and midwifery.
Qualitative descriptive study	The global theme was empowerment as a leadership approach. Additional themes that influenced leadership approaches included influence, capital, and contextual understanding. The authors recommended that nurse leaders create organizational structures to enhance empowerment, particularly in rural hospital environments.

the studies were determined to be of good quality.

### Findings

The studies discussed characteristics of clinical leaders, rural health leaders, and nurse administrators from the perspectives of clinical nurses and nurse leaders. The nurse leader characteristics break down into four categories: personal traits, behaviors, clinical expertise, and context. (See *Table 2*.)

- Anonson et al. (2014) investigated the characteristics of exemplary nurse leaders from the perspective of six frontline nurses in Alberta, Canada, using the qualitative-constructivist content-analysis approach with audio-taped interviews. These

nurses identified components of emotional capacity, connection, and communication as being important in nurse leaders. Each of the six Canadian nurses indicated that exemplary nurse leaders were those who “connect” with their staff. In addition, the authors reported that frontline nurses described a passion for nursing, an excellent role model and mentor, a sense of optimism, and the ability to manage a crisis while being guided by a set of moral principles as important characteristics of exemplary nurse leaders.<sup>2</sup>

- Wieck, Prydun, and Walsh (2002) surveyed 108 nursing students and 126 Midwestern American hospital managers regarding 56 most desired and least desired

leadership traits. Survey respondents were divided into two groups based on age (18 to 35 and over age 35) for comparison related to generational differences. The investigators discovered a high degree of congruency between the nursing student and hospital manager rankings; however, the findings showed very little congruence with the previous studies published in the 1990s. Honesty was the highest ranked characteristic of both generational groups. In addition, both groups selected the following characteristics as most desired: communicator, supportive, approachable, receptive to people, positive, and good people skills. The age 35 and older group also listed integrity, fair,

**Table 2: Themes**

Characteristics	Behaviors	Clinical expertise	Context
<b>Integrity</b> <ul style="list-style-type: none"> <li>• Honesty</li> <li>• Moral code</li> <li>• Congruence of actions with beliefs/values</li> <li>• Not willing to just accept</li> </ul>	<b>Mentor</b> <ul style="list-style-type: none"> <li>• Engages in reflective practice</li> <li>• Empowers others</li> <li>• Promotes professional growth</li> </ul>	<ul style="list-style-type: none"> <li>• Expert knowledge</li> <li>• Competence</li> <li>• Practice skills</li> <li>• Evidence-based practice</li> <li>• Critical circumspective and rapid-thinking skills</li> <li>• Adaptability</li> <li>• Constructive communication based on facts</li> </ul>	<ul style="list-style-type: none"> <li>• Contextual understanding</li> <li>• Clinical expertise may be more important for leaders within clinical settings</li> <li>• Situational factors can greatly influence leadership style/tools</li> <li>• Influence</li> <li>• Capital</li> <li>• Level of empowerment</li> </ul>
<b>Approachable</b> <ul style="list-style-type: none"> <li>• Positive attitude</li> <li>• Open</li> </ul>	<b>Role model</b> <ul style="list-style-type: none"> <li>• Sets the example</li> <li>• Adjusts style to context</li> </ul>		
<b>Motivational</b> <ul style="list-style-type: none"> <li>• Warm</li> <li>• Friendly</li> <li>• Optimistic</li> </ul>	<b>Effective communicator</b> <ul style="list-style-type: none"> <li>• Good people skills</li> <li>• Good listener</li> <li>• Receptive to people</li> <li>• Supportive</li> <li>• Open</li> <li>• Establishes personal connections</li> </ul>		
<b>Emotional capacity</b> <ul style="list-style-type: none"> <li>• Empathy</li> <li>• Caring</li> <li>• Knowing the staff</li> <li>• Emotional intelligence</li> <li>• Able to see how one's own actions/emotions affect others</li> <li>• Able to change one's own behaviors</li> </ul>			
<b>Social intelligence</b> <ul style="list-style-type: none"> <li>• Political insight</li> <li>• Ability to influence</li> </ul>			

and empowering as highly desired qualities in a leader. The age 18 to 35 group preferred team player, motivates others, and knowledgeable as highly desired characteristics. The two groups agreed on 8 out of the 10 characteristics for the least desired characteristics in leaders: risk taker, cheerful, calm, good business savvy, inspirational, high energy, detail oriented, and strong willed. The age 18 to 35 group also added visionary and sense of humor as least desired traits in a leader. The age 35 and older group chose friendly and available as the other least desired leader characteristics.<sup>3</sup>

- Harris, Bennett, and Ross (2014) examined archived accounts of interview transcripts of 132 nurses who worked or trained at St. George's hospital in London between 1920 and 1980. The authors performed a secondary analysis using a qualitative thematic analysis to examine famous matron Muriel Powell's management and leadership style, and her impact on the workplace. The two resonant themes of innovation and open communication were identified from the interviews. In addition, Powell was visible and directly accessible to staff and patients, which impacted workplace morale and culture. Her staff members reported feeling valued and supported, which earned their loyalty. Courtesy and respectful working relationships were based on good communication. Powell was described as an influential role model and spokesperson for her profession. Her vision, ability, and freedom to act when

she saw a problem resulted in improved experiences for patients and staff.<sup>4</sup>

- Linton and Farrell (2009) conducted semistructured interviews of six intensive care nurses in Australia regarding their perception of nurse leadership. Five themes emerged from the data: lead by example, communicate, think outside the management square, know staff, and step up in times of crisis. Underlying concepts of leading by example included knowledge, experience, inspiration, motivation, role model, mentor, respect, standards, professionalism, decision making, influencing, and achieving goals. The communication theme was derived from delegating, being approachable and able to speak and guide, having consistency, and decreasing anxiety. The ability to function outside of the management square emerged from being able to change and advocate, having a field of vision to see the bigger picture, and not being willing to just accept. The fourth theme identified was knowing staff by acknowledging qualities, contributions, strengths, and weaknesses; having a sense of belonging; being sensitive; and achieving potential. Stepping up in times of crisis included demeanor, direction, reducing stress, knowledge, experience, getting the job done, and co-coordinating.<sup>5</sup>

- Cummings et al. (2008) conducted a systematic review of the multidisciplinary literature to examine the factors that contribute to nursing leadership and the effectiveness of educational interventions in the development of nurse leaders. A total of 26 manuscripts reporting on

24 studies met the criteria to be included in the review. Twenty leadership factors were categorized into behaviors and practices, traits and characteristics, influences of context and practice setting, and participation in educational activities. Only six of the studies examined traits and characteristics of individual leaders. Personality traits identified included openness, extroversion, and motivation. Leadership behaviors included value congruence, managerial competencies, structuring, consideration, modeling, performance feedback, and maturity. There was also a correlation between time spent in contact with the leader and reports of leader effectiveness.<sup>6</sup>

- Stanley (2006) identified clinical leaders and investigated their leadership experiences through qualitative interviews and surveys in a grounded theory approach. A total of 188 surveys were returned to the investigators from nurses describing characteristics of clinical nurse leaders. A total of 42 nurses were interviewed to identify issues related to clinical leadership in four different clinical areas. In addition, eight clinical leaders (two from each of the four clinical areas) were interviewed to understand their clinical leadership experiences. The investigator identified the following characteristics of clinical leaders: clinical competency, clinical knowledge, effective communicator, decision maker, empowerment/motivator, role model, openness/approachable, and invisible. The author proposed the following definition of a clinical leader: "a clinician

who's an expert in his or her field, and who, because they are approachable, effective communicators and empowered, are able to act as a role model, motivating others by matching their values and beliefs about nursing and care to their practice."<sup>7</sup>

- Mannix, Wilkes, and Daly (2013) examined the attributes of clinical leadership in an integrative review that included 10 papers (7 studies) published between January 2002 and January 2012. The data from the studies were grouped into three categories: clinical focus, a follower/team focus, or a personal qualities focus. When combining the

the leader should support colleagues, motivate the development of others, and celebrate personnel achievements. Personal qualities included a positive attitude; confidence and involvement in patient situations; engagement in reflective practice; leading changes and proposing different approaches; and dynamic, driven, nonjudgmental, personal integrity, purposeful, and consistent.<sup>8</sup>

- Mannix, Wilkes, and Daly (2015) conducted a qualitative study using a conversational design of 12 experienced RNs who worked in designated clinical leadership roles to explore how aesthetic leadership is

tive in clinical situations. The participants also discussed the importance of recognizing that clinical leaders make mistakes, too. Reflective practice and admitting mistakes are part of principled practice. To protect patients' rights, affect change, or achieve a resolution to clinical problems, leaders may need to challenge policy. To develop fair and just solutions, leaders should be open to others' concerns and empower others.<sup>9</sup>

- Byrom and Downe (2010) examined characteristics of good leadership and clinical midwifery practice in a qualitative study from the perspective of 10



### ***The desired leadership traits identified in this review may be an indication that the participants prefer relational-focused leadership styles.***

information derived from the seven studies, the clinical leader should demonstrate clinical competence through incorporating specific clinical practice skills, expert knowledge, and evidence-based practice, and demonstrate systematic, critical, circumspective, and rapid-thinking skills. Effective communication skills to foster meaningful and constructive communication based on factual information are recommended. The leader should be a role model who inspires confidence; acts as a key resource person; and is visible, open, and approachable. With a team focus,

embodied by clinical leaders in the nursing workplace. Three themes emerged from the data analysis: embodying principled practice, ethical leadership in ambiguous situations, and providing fair and just solutions. Nurses in clinical settings value clinical leaders who embrace and operate with a strong moral compass. Participants identified the importance of passion for nursing as a profession and recognized a link between their passion and their commitment. Leaders should have a strong clinical knowledge base to be percep-

midwives using classic phenomenologic methods. The investigators found that the midwives valued leaders with the ability to act knowledgeably, safely, and competently. This skilled competence was a basic requirement for both clinical and leader midwives. In addition, emotional capacity was an additional element for both good midwives and leaders. Emotional capacity was expressed as being caring, supportive, and warm and friendly. Additional behaviors identified in a good leader involved empathy, adaptability, approachability, motivation, connection, rapport/effective

communication, and supportive guidance. Further, the good leader needed to have emotional intelligence—the ability to examine one's own and others' emotions to guide thinking and actions.<sup>10</sup>

• Bish, Kenny, and Nay (2015) investigated factors that influence directors of nursing in their approach to leadership in rural Victoria, Australia, via a qualitative descriptive study using semistructured interviews of five participants. The participants discussed their approach to leadership with the global theme of empowerment. In addition, themes of influence, capital, and contextual understanding were underlying factors; specifically, influence related to basic concepts of formal and informal power and self-knowledge. According to the directors of nursing, rural communities thrive on informal networks; it's vital for nurse leaders to ensure that they're connected to the community. Capital was derived from information, support, and resources. Support was stressed as an essential element of the leadership role and was, in part, determined by the amount of capital available and access to this capital. Contextual understanding was the overarching theme for situational factors, career trajectory, and connectedness. The participants indicated that a clear understanding of their role within the organization was imperative to their exercise of formal power.<sup>11</sup>

### Synthesis of results

So, what do these various studies and their findings really mean? If these cited characteristics were combined, the

ideal leader would be open, approachable, optimistic, and consistent. He or she would display a passion for nursing, personal integrity, and emotional capacity. The leader would also be able to motivate others, communicate effectively, lead by example, be supportive, engage in reflective practice, and empower others. In addition, special knowledge or skills were suggested as being vital to clinical leadership. Excellent clinical leaders possess expert knowledge; use evidence-based practice; and demonstrate systematic, critical, circumspective, and rapid-thinking skills. The clinical leader should act knowledgeably, safely, and competently. Finally, the context of practice may impact the necessary nurse leadership skills. Leaders should be able to adjust their style to meet the special needs associated with the practice context, such as in the rural health community.<sup>12</sup>

### Discussion

Personal characteristics (such as integrity, empathy, caring, and openness) and behaviors of effective leaders (such as effective communication, role modeling, and mentoring) are also the foundation for establishing healthy relationships. These identified characteristics lend themselves to a relational-focused leadership style. In theory, the desired leadership traits identified in this review may be an indication that the participants prefer relational-focused leadership styles. Research finds that nurses who work for relational-focused leaders have higher job satisfaction than those who work for

more task-focused leaders.<sup>12</sup>

Another possible rationale for these characteristics may be that the participants desire leaders who are mature or who've accomplished adult interpersonal development milestones.

Several skills are necessary to establish and maintain effective relationships, such as emotional capacity, which can be influenced by emotional intelligence. A person's emotional intelligence reflects his or her ability to perceive, use, and express thoughts and emotions in response to another person.<sup>13</sup> There's a growing body of knowledge regarding the importance of emotional intelligence in leadership. Emotional intelligence is associated with empowerment and positive organizational outcomes.<sup>14</sup> Experts identified some of the methods for developing emotional intelligence, such as team building and executive coaching, to improve social skills and self-regulation. Emotional intelligence may be one of the attributes that distinguish good leaders from great leaders.<sup>13,14</sup>

Several of the reviewed studies indicate that successful nurse leaders empower their followers. Empowerment is associated with benefits to the practice environment, increased retention, improved job satisfaction, and a positive work environment globally. Empowerment often indicates a certain level of trust that the leader has in the abilities of his or her direct reports. In addition, the leader's clinical competency may help facilitate the level of trust within the team. This trust level may be the result of a positive interpersonal relationship.<sup>15</sup>



### Conclusions

Several personal characteristics and behaviors identified within the review are conducive to the development of interpersonal relationships. Even the clinical and contextual factors require a certain skill in developing and maintaining effective interpersonal relationships. Relational or interpersonal leadership styles may be well suited for promoting healthy nurse work environments. The clinical expertise and context of nurse leadership roles demonstrate the necessity of a range of leader characteristics. Interpersonal connection has always been a vital part of nursing effectiveness, whether with patients, team members, or nursing staff. Examining patient and staff outcomes related to interpersonal leadership styles will be valuable to future research. **NM**

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