

A systematic review and meta-synthesis of effective nursing leadership

SMITH, Tony <<http://orcid.org/0000-0001-8743-4677>>, YU, Ming and KAUTSCH, Marcin

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/7267/>

This document is the Published Version [VoR]

Citation:

SMITH, Tony, YU, Ming and KAUTSCH, Marcin (2009). A systematic review and meta-synthesis of effective nursing leadership. *Polski przeglad Nauk o Zdrowiu*, 4 (21), 395-402. [Article]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

A SYSTEMATIC REVIEW AND META-SYNTHESIS OF EFFECTIVE NURSING LEADERSHIP

SZCZEGÓŁOWY PRZEGLĄD ORAZ META-ANALIZA UMIEJĘTNOŚCI PRZEWODZENIA WŚRÓD PIELĘGNIAREK

Tony Smith¹, Ming Yu², Marcin Kautsch³

¹ Centre for Professional and Organisation Development, Faculty of Health and Wellbeing
Sheffield Hallam University, Parkholme, Collegiate Crescent Campus, Sheffield S10, UK

² Ruian Xincheng Hospital. Xinhua

³ Institute of Public Health, Jagiellonian University Medical College

Summary

Introduction. There is a prevailing view that leadership and management development play a vital role in the creating of high performing organisations.

Aim of the study. The aim of this research is to review relevant qualitative studies to identify the attributes of effective Nursing Leadership.

Material and methods. Healthcare systems have experienced a substantial transformation during recent decades. This has resulted in Nurse Managers dealing with increased levels of systemic complexity and change. It's been found, that leadership skills may help nurse managers to deal with these difficulties.

Nine databases, Nursing Journals, reference lists from relevant publications and grey literature were searched. From over identified 2,000 articles, 394 were reviewed at abstract and 257 reviewed in full. Twelve articles were accepted for the systematic review. Systematic review and meta-synthesis methodologies were employed in the study. Data was collected between November 2006 and January 2007.

Results. A variety of effective nursing leadership attributes were identified. Six themes were identified through meta-synthesis: personal characteristics, interpersonal relationships, future vision, management of change, managerial competence and clinical experience.

Conclusions. Whilst the findings of the research could not be explained by any single leadership theory, all the themes and attributes identified (except clinical experience) could be all identified in the generic leadership theory system, particularly in transformational and charismatic leadership theories. Two recommendations arise from the research. Firstly that further enquiries into Nursing Leadership should encompass the views of other relevant groups, such as patients, and other hospital staff groups. Secondly, these attributes should be empirically tested through quantitative methods.

395

Key words: management, nurse roles, professional development, skill mix.

Streszczenie

Wstęp. Panuje pogląd, że umiejętności przewodzenia i zarządzania odgrywają ważną rolę w tworzeniu różnych przedsięwzięć.

Cel pracy. Celem tego badania była jakościowa ocena studiów w celu określenia cech efektywnej umiejętności przewodzenia wśród pielęgniarek.

Materiał i metody. System ochrony zdrowia przeszedł wiele zmian podczas ostatnich kilku dekad. Spowodowało to, że umiejętności przewodzenia zespołowi nabyte przez pielęgniarki mogły pomóc zwiększyć poziom zarządzania oraz doprowadzić do wielu zmian. Dowiedziono, że umiejętności przywództwa mogą pomóc pielęgniarkom będącym na stanowiskach kierowniczych rozwiązać wiele problemów.

Ocenie poddano dziewięć baz danych, periodyki pielęgniarstwa, szukano odniesień do licznych publikacji z tej dziedziny. Znaleziono ponad 2000 artykułów, z czego 394 zostało przejrzanych, a 257 odnaleziono w pełnych tekstach. Oceniono 12 artykułów. Dokładną recenzją oraz meta-analizą objęto badanie. Dane zebrano w okresie od listopada 2006 roku do stycznia 2007 roku.

Wyniki. Zidentyfikowano różnorodność efektywnych cech przywódczych pielęgniarstwa. Zidentyfikowano 6 cech w wyniku meta-analizy: cechy osobowościowe, relacje interpersonalne, plany na przyszłość, wprowadzane zmiany, kompetencje kierownicze oraz doświadczenie kliniczne.

Wnioski. W badaniach nie można było ocenić pojedynczej teorii przywództwa, wszystkie tematy oraz cechy nadawały się do ogólnej oceny (z wyjątkiem doświadczenia klinicznego) i można je było wykorzystać w ogólnym systemie teorii przywództwa, w szczególności w jego przemianach. Dwie rekomendacje wymagają szerszego spojrzenia. Pierwsze z pytań do Pielęgniarki-Kierownika powinno dotyczyć spojrzenia na inne związane z nią grupy takie jak pacjenci oraz pozostałe grupy zawodowe będące pracownikami szpitala. Po drugie, wymienione powyżej cechy powinny zostać poddane próbie doświadczalnej przez ilościowe metody.

Słowa kluczowe: zarządzanie, rola pielęgniarki, profesjonalny rozwój, mieszanina umiejętności.

Introduction

There is a prevailing view that leadership and management development play a vital role in the creating of high performing organisations, particularly in state supported healthcare systems where entrepreneurialism and managerialist thinking are increasingly seen as key mechanisms for driving change and improving the performance of organisations. A prime example of this can be seen in the UK National Health Service (NHS), in which [1] first class leaders are needed at all levels of the NHS to deliver the radical change programme proposed [2].

Nurses are the largest staff group in most health systems, delivering up to 80% of healthcare to patients. It may well be that effective nursing is the major determinant of successful health service performance. Nursing has always been required to respond to changing technological and social forces, and a nursing leader's role is to lead his/her staff in adapting to such changes. Competent nurse leaders are therefore required to successfully implement the new roles and responsibilities being placed on nursing services. Within this context it is understandable that nursing leadership is seen as crucial for the provision of high quality care.

Background

During the last two decades, the quantity of research literature on nursing leadership has increased throughout the world. However, there are few studies, which have systematically reviewed the literature to develop an understanding of nursing leadership based on solid empirical evidence. Traditional narrative reviews are frequently criticized for the lack of thoroughness and rigour [3]. Systematic review and meta-synthesis techniques, were therefore used in this research to identify the key elements of effective nursing leadership. The aim is to inform nurse leadership development efforts and provide a basis to develop metrics to measure the effectiveness of nursing leadership.

Aims

The review aimed to answer the following question: *What are the major attributes of effective*

nursing leadership from the perspective of nursing professional's?

Four key objectives were set:

1. Review the literature on Nursing Leadership systematically and conduct a meta-synthesis of identified qualitative research studies.
2. Synthesize the findings into a theoretical framework.
3. Compare effective nursing leadership with general theories of effective leadership.
4. Discuss the findings of the research and make recommendations for future research efforts.

Review Methods

Systematic review methods were used in the study to ensure the inclusion of all reports relevant to the research and to systematically maximise consistency, neutrality, and rigour [4]. Meta-synthesis was used to integrate results from a number of interrelated qualitative reports whilst drawing on the widest range of participants and descriptions, to produce more powerful results than any single report on the same topic [5] and yield greater generalizability [6].

A preliminary search of reports of effective nursing leadership found that the majority described qualitative research studies. The search strategy was therefore limited to identifying only relevant primary qualitative research reports.

Inclusion and exclusion criteria were defined to facilitate identification of studies relevant to the questions under review [7].

Databases searched, included: Medline (1966 onwards), Scopus (1966), Emerald (1989 onwards), CINAHL (1982 onwards), PsychInfo (1972 onwards) and British Nursing Index (1994 onwards), RCN Journals Database, ProQuest, and Google (see table 2). Key journals such as the Journal of Advanced Nursing, Journal of Nursing Management and Journal of Nursing Administration from 1996 to 2006 were also hand searched. Reference lists from relevant publications, recently published books, articles, and other systematic review reports were also scanned for citations. Finally, grey literature sources were searched including SIGLE

396

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> - Reports from primary qualitative research (any type). - Reports of studies in which participants were nurse staff or nurse managers. - Reports in which the outcomes describe attributes of effective nursing leadership. - Reports that provide sufficient evidence of a data trail to demonstrate how the data were analyzed. - Reports that provide a demographic profile of participants. - Reports written in English. 	<ul style="list-style-type: none"> - Reports of secondary research. - Reports of quantitative research. - Non-verified or "pseudoscientific" reports with a clear "political" agenda. - Reports in which the depth and breadth of the data did not give confidence of the trustworthiness of their findings. - Reports not written in English.

(System for Information on Grey Literature); the Health Management Information Consortium CD-ROM; and major internet search engines.

Quality assessment [6, 8, 9, 10] and data extraction forms [7] were developed to assist in making sense of the research within the context of their particular characteristics [9] eliminate bias, and provide a historical record of decision making.

Ritchie et al's 'Framework' approach [11] was adopted to analyze/synthesize the findings and establish an appropriate thematic framework. Reciprocal translational analysis [12] was used to identify key themes, metaphors or concepts for the translation of these items into each other. Themes and sub-themes were plotted into separate thematic charts before a process of mapping and interpretation began [8] to create the final framework (see table 2).

Search Outcome

Data was collected between November 2006 and January 2007 and 2144 articles were identified. After these were reviewed by title, 394 articles were reviewed at abstract and a further 125 articles rejected. 257 articles were reviewed in full. Of these 245 were rejected on full review, 132 because they did not fully meet the inclusion criteria,

and; 113 studies were deemed of insufficient quality when reviewed against quality criteria. Twelve articles were finally selected for the systematic review and meta-synthesis (see diagramme 1). All were published after 1997 and used a variety of qualitative methods. Sample size ranged from 4 to 67 participants. Interviews were the most frequent data collection tool but focus groups and observation were used in some studies.

Results

Six major themes were identified in the final thematic framework (table 2) and discussed below.

Vision

Eight studies [13, 15, 17, 19, 20, 24, 25, 26] mention the importance of future vision. Effective nurse leaders are able to articulate a desirable vision of what needs to be achieved and unify followers around it [13]. They understand organizational values and goals, and are able to stimulate their team to strive for them [15]. They demonstrate this ability through creativity, facility to adapt to changes, involving personnel in projects, planning strategically, taking risks, and awareness of what is happening in the nursing profession [15]. Successful nursing leaders are capable of a broad, strategic

Table 2. Effective Nursing Leadership Framework

<p>1.Vision</p> <ul style="list-style-type: none"> 1.2. Create and articulate a vision of an appealing future 1.3. Initiate, manage, and lead in a new direction 1.4. See the immediate facts 1.5. Proactive – aware of what is happening in the nursing profession 1.6. Provide a sense of direction and purpose 1.7. Involve personnel in long run projects 1.8. Plan strategically 1.9. Create a goal oriented, shared understanding of goals 	<p>2.Personal Qualities</p> <ul style="list-style-type: none"> 2.2. Self-assured and optimistic 2.3. Integrity (consistency in word and action) 2.4. Entrepreneurial spirit and capability 2.5. Intelligence and wisdom 2.6. Humanistic – kind, respectful, empathetic
<p>3.Interpersonal Skills</p> <ul style="list-style-type: none"> 3.1. Competent communicator 3.2. Inspiring, encouraging and motivating 3.3. Conflict management and negotiation 3.4. Team building and to promoting interdisciplinary collaboration 3.5. Empowering 3.6. Competent teacher, coach, mentor & role model 3.7. Helping and supporting others 	<p>4.Change management</p> <ul style="list-style-type: none"> 4.1. Facility to adapt to changes 4.2. Promote positive attitudes toward change 4.3. Dramatically change practice while maintaining integrity of service 4.4. Prepare for constant change and challenge
<p>5.Managerial competence</p> <ul style="list-style-type: none"> 5.1. Finance and budgeting 5.2. Project management 5.3. Human resources management 5.4. Quality management 5.5. Management of nursing systems 5.6. Mobilize resources 5.7. Planning, directing, organizing and controlling 5.8. Business acumen, administration knowledge 5.9. Political sensitivity 	<p>6.Clinical Skills and Experience</p> <ul style="list-style-type: none"> 6.1. Articulate nurse's work and nurse's contributions 6.2. Several years work experiences in direct care 6.3. Excellent, population-based clinical competence 6.4. Experiences in the application of nursing knowledge to nursing practice 6.5. Clinical grounding in nursing practice 6.6. Clinical background and focus 6.7. Clinical expertise, practice in specialty

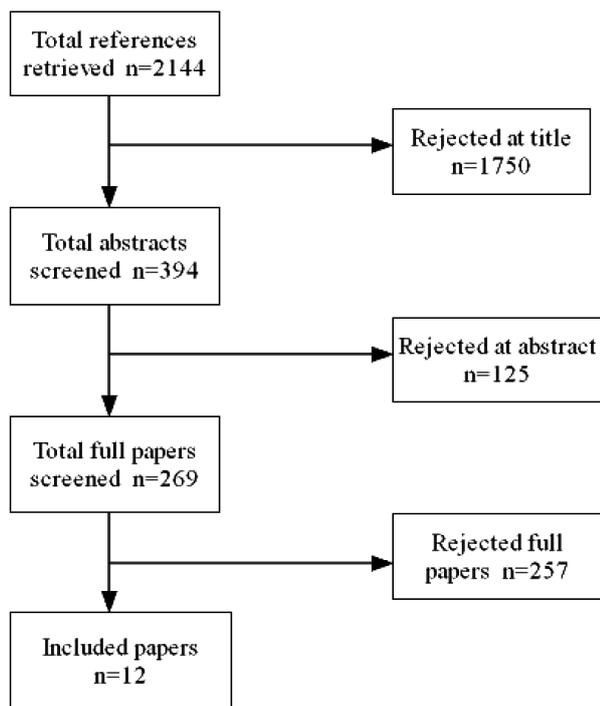


Diagramme 1. Flow Chart of the Review Process.

and holistic perspective including seeing possibilities, being prepared for a range of outcomes. Their role is to understand the implications of future goals and demands, translate them for others, and guide actions in pursuit of them, even in the face of uncertainty and chaos [26].

Effective nurse leaders were able to perceive the group's needs, develop ideas that provide direction and propel people forward towards the aspired to future [20]. Within this, an important issue was the visibility of the nurse leader and their accountability for nursing concerns and interests [24].

Personal Qualities

Seven articles [13–20] indicate that effective nurse leaders are possess with particular personal qualities. Transformational nursing leaders consistently described themselves as optimistic and self-confident [13]. They assert that displaying a positive attitude and showing confidence when facing difficulties, promotes confidence and security amongst personnel [15]. Self-confidence was also found to be an important attribute [16, 20].

Integrity defined as being honest, having a strong set of values, and showing both clinical and professional credibility, was repeatedly mentioned as a key attribute. was also repeatedly mentioned by participants in studies [16, 17, 19, 20].

Nursing leaders should be competitive, entrepreneurial [19], spirited, and self-reliant, not afraid to take risks, able to find possibilities anywhere and to say no [13]. Nursing leaders were depicted as resourceful, mature and experienced, possessing common sense, knowledgeable and practical [14].

Nursing leaders are emotionally intelligent, knowing others' strengths and limits, recognizing the impact of emotion, and using instinct to guide decisions [19]. They possess a sound and realistic sense of self-worth [13, 20] have enough patience to deal with the wide variety of complex issues that arise in the healthcare context. A key signifier of exceptional leadership is the respect and trust they generate through their attitude towards others [15].

Interpersonal Skills

Communication

Six studies [14, 17, 19, 20, 21, 22] mentioned communication skills as important for nursing leaders to possess. Study participants frequently mentioned the importance of open communication as it facilitates proper functioning of the unit [22]. Effective nursing leaders are good communicators, listeners and story tellers. She asserts that a nursing leader has the responsibility to produce communication pathways that can result in productive and comfortable professional environments [14]. They are effective facilitators: both with staff and patients. They understand other's perspectives and emotions [19] and possess good negotiation and persuasion skills to resolve conflicts [17] to ensure collaboration focused on patients' best interests [20].

Inspiring encouraging and motivating

Five studies [13, 14, 19, 22, 23] found the ability motivate, inspire and encourage as important. Effective Nurse Leaders are able to arouse desire, energize the will, and instigate action or thought [13]. A key motivational factor is paying attention to the views of nurses [23]. Nurses gained satisfaction and increased confidence from receiving recognition, praise or thanks from their leader and that positive reinforcement was very important for job satisfaction, productivity and staff retention. [22]. Nurses reported they gained job satisfaction, because their leaders challenged and encouraged them to deal with difficult situations [14, 19].

Conflict management

Three studies [13, 17, 19] found the ability to calmly and smoothly deal with conflict treating conflicting parties fairly and equitably is one of most important leadership behaviours for effective nurse leaders. Participants regard conflict as a crisis in their professional life, but also state they can grow professionally and personally from the experience as it requires courage, self-control and integrity [13].

Team building

Five articles [15, 17, 19, 21, 24] found that skills related to the dynamics of teams and human rela-

398

tionships were strongly associated with effective nursing leadership. Having a positive culture and a good reputation within a unit significantly enhanced staff retention rates [21]. In fast-paced and turbulent healthcare environments, nurses, doctors and ancillary staff need to work collaboratively to ensure a competent service and patient satisfaction [24]. Networking and working collaboratively are therefore key nursing leadership strategies [19].

Empowerment

Six studies [13, 15, 19, 22, 24, 25] identified empowerment as an important aspect of nursing leadership. Successful leaders always empower others [25]. Effective nurse leaders provide challenging opportunities to their staff nurses to enhance their skills, job satisfaction and loyalty to the organization [24]. They should therefore promote participation and shared decision making to create a positive professional practice environment [15, 19].

Competent teacher, coach, mentor & role model

Seven articles [13, 14, 19, 20, 21, 22, 23] found that an effective nurse leader has to possess essential information and knowledge about the field and be capable of aiding others to develop their nursing skills [20]. They exert a positive influence through performing as a positive educational force and role model [22] and this motivates staff [23]. A good nursing leader is a mentor who understands what staff need and then models the way. Positive role modelling also has potential to inspire others to respect, join and expand the profession [21].

Helping and Supporting Others

Seven studies [16, 19, 20, 22, 23, 24, 25] mentioned support as a key issue. Effective nursing leaders support staff to achieve their long-term aims as well as get their work done [20]. This facilitative behaviour is crucial for improving job satisfaction, productivity and commitment [23]. Two types of support were identified as important: personal support and unit support. Nurse leaders had the right to expect nurses to work well, if the leader provided adequate support and financial reward.

Effective nursing leaders should also be efficient in providing staff with necessary resources such as equipment, supplies, staffing and ancillary assistance [24]. Further, displaying a positive attitude towards nursing work has a significant influence on nurse job satisfaction and productivity. Finally, nurse leaders played a vital role in articulating the value of nursing to other departments and professional groups so they could fully understand what nurses did, and needed to provide quality patient care [24].

Change management

Six articles [13, 16, 17, 19, 24, 25] regard change management as the key competence for nursing leaders. Successful nurse see change as providing new opportunities rather than obstacles, anticipate change, are ready to respond to it and possess a range of problem solving strategies when new practice requirements are to be implemented [25]. They challenge the status quo, are persistent, and share new knowledge with others [16]. As positive change agents; they decide where they want to go with new ideas and will strive to find ways to build staff support for change [13]. They minimise resistance by providing staff with the information they require to understand change and overcome the potential negative impacts of change on their jobs [24]. Generally, they preferred deliberate on what changes were needed independently and then collaborate with followers to deliver the transformation. They adopted straightforward, concrete, and reality-oriented change strategies to minimize the downside of change and maximize the upside [17, 19].

Managerial competence

Three studies [17, 19, 24] stress that adequate managerial competence is essential for nursing leaders. Financial management was most frequently mentioned, closely followed by project and human resource management [17]. Management of nursing systems, quality management and staff management were also regarded as highly desirable. The majority of nursing leaders considered adequate compensation as an important strategy to improve commitment and work performance, particularly in an era when nursing roles were becoming more challenging and there are nursing shortages [19, 24]. Nursing leaders should also think like professionals in the commercial world; and know exactly what their staff want, need and desire [19].

Clinical experience

Four studies [13, 15, 17, 27] found that possessing sufficient clinical experiences is widely regarded as one of the most important attributes for an effective nurse leader. Having several years of practice in direct patient care helps in understanding what the front-line staff face and how healthcare is delivered and establishes credibility amongst colleagues.

Discussion

Limitations of the study

Like many other research efforts, this study has some limitations.

Only published versions of the included reports rather than full project reports were obtained for

the review which could potentially influence appreciation of the original meanings.

The review only focused on the studies written in English, which could potentially result in the omission of some important reports produced in other languages.

Applicability, theoretical and practical implications

Most of the selected reports regarded creating a shared vision of the future as an element of effective nursing leadership, which can considerably enhance organizational commitment, job satisfaction and staff retention. Conversely, inability in this domain was thought to prevent the achievement of the targets and goals. Most major contemporary modern leadership such as Transformational leadership, see inspiring establishing a shared vision as a key characteristics of successful leaders [28, 29, 30].

All the studies included in the review indicate that certain personal qualities are crucial attributes of effective nursing leadership. These qualities map best against elements of charismatic leadership and transformational leadership theory, in particular Idealised Influence [31]. Transformational Leadership theory specifies such activities as talking about values and beliefs. Whilst, this ethical dimension was not specifically discussed in the Nursing Leadership studies reviewed such qualities of integrity, kindness and empathy are mentioned. Perhaps as the subject at hand is nursing, ethics are assumed?

Taken as a subset, "personal qualities" and "interpersonal skills" also map against Emotional Intelligence (EI) theory. EI in itself is not a leadership theory, but research evidence indicates that EI capabilities have a strong correlation with exceptional leadership, and an EI based Leadership theory, "Primal Leadership" [32] has emerged from it. Significantly, EI skills are now taught on many leadership development programmes [33].

In many standard management textbooks Leadership is listed as a subset of management, and from the systematic review, it can be perceived that successful nursing leaders often combine leadership and management skills. Participants frequently described the interconnecting points of leadership and management, such as communication, conflict management, and team building skills [34]. Lack of managerial skills may drive leaders into volatile situations; further managers lacking leadership skills, may become perceived as overly bureaucratic and uninspiring over time. It is clear therefore that some level of management competence is essential for nursing leaders [35].

Selected studies also highlight the fact that successful nursing leaders provide dynamic support and reassurance, to nurses as they are subject to stress, which without support can lead to burnout. However, research evidence again shows

that if this form of reward is used in isolation, its effects are likely to gradually weaken [31].

Perhaps the biggest difference between generic leadership theory and Nursing Leadership is the strong requirement for direct clinical experience. Although general leadership theories do not specifically refer to the importance of professional competency towards a leader's performance, it is clearly understandable that possessing nursing expertise is one of the key attributes of effective nursing leadership. This requirement of leaders to possess significant delivery expertise is not unique to nursing however. According to Adair [36] it is found in work situations where professions dominate the operational environment, such as law, academia or architecture.

This review also identified other nursing leadership attributes which can be explained by general leadership theories, such as empowerment, motivation or change management. Empowerment and the capability to motivate staff are essential elements of leadership. Transformational leaders who empower staff rather than just delegating assignments create high levels of motivation, enhancing organizational commitment and morale.

As the velocity of change in healthcare is so high, and the demands on the nursing profession are changing rapidly, nursing leaders will be well served by developing a transformational approach in relation to daily administrative and clinical care duties.

Conclusions

A critical literature review of generic leadership studies was conducted to establish a foundation from which to understand and critique nursing leadership. This was followed by a systematic review of nursing leadership literature. From twelve selected primary research studies, a thematic framework has been built, which forms a comprehensive picture of nursing leadership theory (see table 2).

The systematic review and meta-synthesis resulted in the development of a theoretical Nursing Leadership framework comprising of six areas of competence, each including a range of behavioural skills and attributes. Most of these themes and sub-themes are consistent with general leadership theories, particularly Values-Based Leadership models such as Charismatic and Transformational leadership theory. However, there is no single existing leadership theory which comprehensively covers all of the elements of Nursing Leadership, although influential generic theories all partially map against the framework developed.

It is clear from the review that participants felt nursing leadership to be a vital issue. The studies reviewed show that effective nursing leadership

can considerably enhance motivation, job satisfaction, organizational commitment, staff retention and productivity. However, this review was based on papers outlining qualitative research efforts, which explored the subjective opinions of nursing professionals. There is currently little coherent quantitative evidence which tests the validity, reliability or effects of these theoretical constructions. A recommendation of this particular paper is therefore that quantitative research efforts are required to provide more rigorous empirical evidence.

Further, aside from nursing professionals, opinions from other groups are also important for establishing a theory of effective nursing leadership. It is possible that patients, hospital managers and other healthcare professionals have different views about what constitutes effective nursing leadership.

References

- [1] Department-of-Health. The NHS Plan – A plan for investment, A plan for reform. London: Department-of-Health; 2000, ISBN Cm 4818-I.
- [2] Hunt L., editor. keynote speech. Nursing, midwifery and health visiting conference; 2000; London. [23 December 2007]. Available from: <http://www.wise.nhs.uk/cmsWISE/aboutUs/AboutMA.html>.
- [3] Tranfield D., Denyer D., Smart P.: Towards a methodology for developing evidence-informed management knowledge by means of systematic review. *British Journal of Management*, 2003; 14: 207-222.
- [4] Planning the review: identification of the need for a review [database on the Internet]. University of York. 2004 [cited 17 December 2008]. Available from: http://www.york.ac.uk/inst/crd/pdf/crd4_ph0.pdf.
- [5] Walsh D., Downe S.: Meta-synthesis methods for qualitative research: a literature review. *Journal of Advanced Nursing*, 2005; 50 (2): 204-211.
- [6] Jones M.L.: Role development and effective practice in specialist and advanced practice roles in acute hospital settings: systematic review and meta-synthesis. *Journal of Advanced Nursing*, 2005; 49 (2): 191-209.
- [7] Conducting the review: data extraction and monitoring progress. [database on the Internet]. 2004 [cited 17 December 2008]. Available from: http://www.york.ac.uk/inst/crd/pdf/crd4_ph7.pdf.
- [8] Paterson B., Thorne S.E., Canam C., Jillings C.: The Meta-study of qualitative health research: a practical guide to meta-analysis and meta-synthesis. California, Sage Publications 2001.
- [9] Sandelowski M., Barroso J.: Reading qualitative studies. *International Journal of Qualitative Methods*, 2002; 1 (1).
- [10] Milton-Keynes-Primary-Care-Trust. 10 questions to help you make sense of qualitative research. Critical Appraisal Skills Programme (CASP), 2002.
- [11] Ritchie J., Spencer L.: Qualitative data analysis for applied policy research. [In:] Bryman A., Burgess R., editors. *Analyzing Qualitative Data*. London, Routledge 1994. p. 173-94.
- [12] Noblit G.W., O'Hare R.D.: *Meta-Ethnography: Synthesising Qualitative Studies*. London, Sage Publications 1988.
- [13] Ward K.: A vision for tomorrow: transformational nursing leaders. *Nursing Outlook*, 2002; 50 (3): 121-126.
- [14] Nichols L.A.: Native American Nurse Leadership. *Journal of Transcultural Nursing*, 2004; 15 (3): 177-183.
- [15] Alarcon A.M., Astudillo P.R., Barrios S.A., Rivas E.E.: Nursing leadership in Chile: a concept in transition. *Nursing Science Quarterly*, 2002; 15 (4): 336-341.
- [16] Leathard H.L., Cook M.J.: Learning for clinical leadership. *Journal of Nursing management*, 2004; 12 (6): 436-444.
- [17] Scoble K, Russell G. Vision 2020, Part I: profile of the future nurse leader. *Journal of Nursing Administration*, 2003; 33 (6): 324-330.
- [18] Carreca I., Balducci L., Extermann M.: Cancer in the older person. *Cancer Treatment Reviews*, 2005; 31 (5): 380-402.
- [19] Carroll T.L.: Leadership skills and attributes of women and nurse executives: challenges for the 21st century. *Nursing Administration Quarterly*, 2005; 29 (2): 146-153.
- [20] Joyce E.: Leadership perceptions of nurse practitioners. *Lippincott's Case Management*, 2001; 6 (1): 24-30.
- [21] Anthony M.K., Standing T.S., Glick J., Duffy M., Paschall F.: Leadership and nurse retention. *Journal of nursing administration*, 2005; 35 (3): 146-155.
- [22] McNeese-Smith D.K.: The influence of manager behavior on nurses' job satisfaction, productivity, and commitment. *Journal of nursing administration*, 1997; 27 (9): 47-55.
- [23] Nayeri N.D., Nazari A.A., Salsali M., Ahmadi F., Hajbaghery M.A.: Iranian staff nurses' views of their productivity and management factors improving and impeding it: a qualitative study. *Nursing and Health Sciences*, 2006; 8 (1): 51-56.
- [24] Upenieks V.: Nurse leaders' perceptions of what compromises successful leadership in today's acute inpatient environment. *Nursing Administration Quarterly*, 2003; 27 (2): 140-152.
- [25] Cook M.J.: Improving care requires leadership in nursing. *Nurse Education Today*, 1999; 19: 306-312.
- [26] Cook G., Gerrish K., Clarke C.: Decision-making in teams: issues arising from two UK evaluations. *Journal of interprofessional care*, 2001; 15 (2): 141-151.
- [27] Leathard A.: *Interprofessional Collaboration*. London, Brunner-Routledge 2003.
- [28] Kinlaw D.: *Coaching for Commitment: Managerial Strategies for Obtaining Superior Performance*. California, Pfeiffer 1989.
- [29] Kouzes J.M., Posner B.Z.: *The Leadership Challenge*. San Francisco CA, Jossey-Bass 1987.
- [30] Bass B.M.: *Leadership and Performance Beyond Expectation*. New York, Free Press 1985.
- [31] Avolio B., Bass B.: *The Full Range Leadership Development Manual for the Multifactor Leadership Questionnaire: form 5x*. Redwood City, CA, Mind Garden Inc 2004.
- [32] Goleman D., Boyatzis R., McKee A.: *Primal Leadership*. Boston MA, Harvard Business School Press 2002.

- [33] Conducting a Reputation Analysis: Identification and Evaluation of the best Leadership Development programmes in the UK, (available at [database on the Internet]. School of Health and Related Research. 2005 [accessed 24 March 2008] Available from: www.deltah.org.
- [34] Daft R.: Management. 6th Edition. New York, South-Western 2002.
- [35] Kotter J.P.: Power, dependence and effective management. [In:] Collins E.G.C. (editor): Executive success: Making it in administration. New York 1983, p. 306-23.
- [36] Adair J.: The Action-Centred Leader. Mumbai, Jaico Publishing 2005.

adres do korespondencji

Instytut Zdrowia Publicznego, Wydział Nauk o Zdrowiu
Uniwersytet Jagielloński Collegium Medicum
31-531 Kraków, ul. Grzegorzewska 20
tel.: 12 424 13 60, fax: 12 421 74 47