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Transformational Leadership: Is this still relevant to clinical leaders?

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Transformational Leadership: Is this still relevant to clinical leaders?

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Abstract

Transformational leadership theory has been at the centre of healthcare leadership research for the past three decades, has had a tangible influence on the evolution of NHS leadership development strategies, and is still evident in current frameworks. This article provides an overview of the key concepts and weaknesses of transformational leadership theory and discusses its relevance within the context of the NHS working environment.

Introduction

A multitude of theories have attempted to encapsulate the key attributes of leadership. Broadly, these can be divided into four core groups: trait theories (what intrinsic qualities make a good leader?), behavioural theories (what do good leaders do?), contingency theories (how does leadership style vary dependent on the situation?), and power/influence theories (how do leaders use power and influence to get things done?) (www.mindtools.com, 2016). Of the individual theories, perhaps the most widely studied and debated in the past three decades is the concept of *transformational* leadership (Diaz-Saenz, 2011) which, although not falling entirely into any of the core groups, features aspects from each. Examples of transformational leadership changing the course of human society are evident within historical texts (Nelson Mandela, Martin Luther King or Mahatma Gandhi for example), but we question whether its concepts and ideas are still relevant within the modern day NHS workplace.

In the healthcare context, positive outcomes resulting from transformational leadership have been described in relation to work-life balance, staff well-being/satisfaction, team performance, staff retention, patient safety, and openness about errors (West et al., 2015). It is unsurprising, therefore, that transformational leadership has dominated healthcare leadership research since the 1980s (Gilmartin and D'Aunno, 2007). Even though traditional "heroic" leadership models are increasingly seen as being outdated and poorly suited to the complexities of modern day organisations (Rowling, 2011, West et al., 2014), the transformational leadership model underpinned the original 2001 national Leadership Qualities Framework (Peck et al., 2006) and, along with the concept of emotional intelligence (Goleman, 1995), continues to influence subsequent versions to date. These include the Clinical Leadership Competencies Framework (www.leadershipacademy.nhs.uk, 2011), the Medical Leadership Competency Framework (AOMRC, 2010) and the current NHS Leadership Framework (www.leadershipacademy.nhs.uk, 2010). The influence of transformational leadership can be seen in the use of terms such as 'creating the vision', 'effective and strategic influencing' or 'personal integrity'.

Transformational Leadership Concepts

In its ideal form, transformational leadership is said to be able to inspire (transform) followers to achieve extraordinary outcomes (Robbins and Coulter, 2007); with James Burns himself describing transformational leadership as a process whereby "leaders and their followers raise one another to higher levels of morality and motivation" (Burns, 1978). Burns described transformational leadership alongside *transactional leadership* as two dichotomous, and mutually exclusive, leadership styles. Whereas transformational leadership promotes compliance from followers through the use of

rewards and punishment, transactional leaders appeal to followers' base needs of material gains and safety (according to Maslow's (1954) hierarchy). Drawing from humanistic psychology, transformational leaders encourage their followers to transcend self-interest for the *greater good*, in order to satisfy their higher Maslow's hierarchical (Maslow, 1954) needs of esteem and self-actualisation (Fig. 1). In this way, transformational leaders are idealised as moral leaders working towards the benefit of the team and organisation (Burns, 1978).

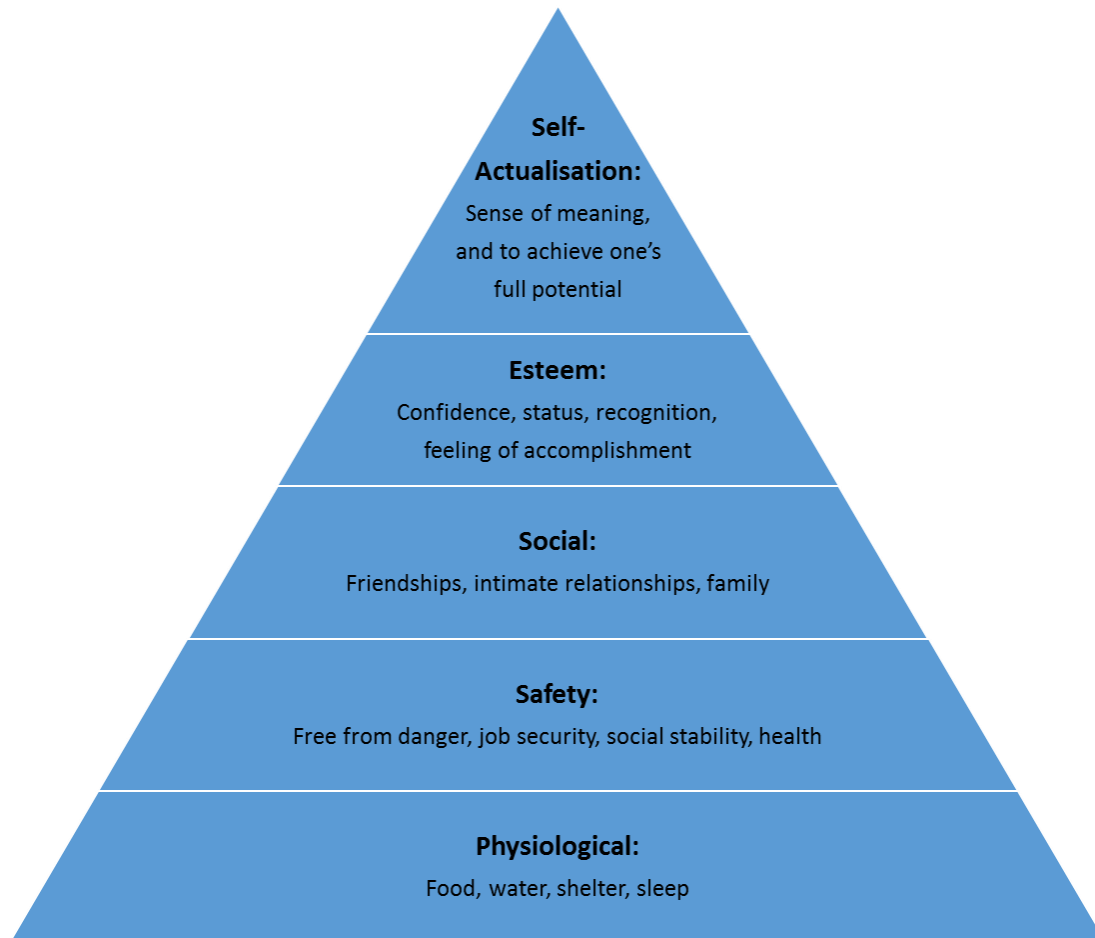


Fig. 1 Maslow's Hierarchy of Needs

The concept was developed further by Bernard Bass in the 1980s, through his description of characteristics associated with transformational leadership: having integrity, being fair, setting goals, having high expectations, being encouraging, providing support, invoking emotions in followers and being inspirational (Bass, 1985). Over time, Bass and colleagues distilled these characteristics into the four core components (commonly known as the four I's) of transformational leadership:

- Idealised influence;
- Inspirational motivation;
- Intellectual stimulation;
- Individual attention

Idealised influence encompasses two aspects of the leader-follower relationship. Firstly, the leader acts as an ideal role model ("walk the walk") to impress their followers; and secondly, followers see

in their leader qualities which they themselves aspire towards. *Inspirational motivation* describes the ability of the leader to motivate, inspire and encourage followers, with enthusiasm and optimism seen as key features (Bass and Riggio, 2006). *Intellectual stimulation* involves the leader constantly providing opportunities for intellectual 'stretch' and challenge, stimulating their followers to think independently, and empowering innovation through the reframing of known problems and perspectives. In order for this to be done effectively, transformational leaders need to foster an environment of openness without fear of negative criticism (Bass and Riggio, 2006). Finally *individualised attention* require leaders to demonstrate genuine concern for their followers, and to provide support and empathy based on individual need and aspiration.

The first two components (influence and motivation) are often grouped together as "charisma" (Bass and Riggio, 2006). Indeed, transformational leadership theory shares components of charismatic leadership theory (Weber, 1947) – both types of leaders inspire and motivate their team members. However, it is argued that the key difference lies in their intent. Whilst the transformational leader's focus is on their team and shared goals, charismatic leaders tend to focus on themselves and their own goals which, in extreme cases, can lead to narcissism (Maccoby, 2004).

Criticisms

In essence, transformational leadership can be said to focus on the relationship between leaders and their followers (Kendra, 2017). It depicts a leadership style which creates positive change in followers, who then act in the interests of the group as a whole. It is obvious to see why this form of leadership would be attractive within the NHS workplace. After all, historical "transformational leaders" such as Mahatma Gandhi, Nelson Mandela, and Martin Luther King Jr all played crucial roles in transforming the identities and aspirations of their followers. However, it is the focus on the emotions and values associated with idealised leadership, as opposed to tangible processes and skills, which makes *transformational leadership* appear almost ethereal in construct. The core components could be said to describe a set of personality characteristics rather than specific leadership requirements (Bryman, 1992). Consequently, a number of authors have been critical of transformational leadership theory since its initial conception (Beyer, 1999, Hunt, 1999, Yukl, 1999, Yukl, 2011, Northouse, 2013).

First and foremost, transformational leadership places too much emphasis on the importance of the "heroic" leader, much like earlier "great men" theories. Influence is assumed to be unidirectional, flowing from the leader to his/her followers (Yukl, 1999). Thus, depending on whether or not the leader is ethical, followers who succumb to the *charms* of a transformational leader, risk fulfilling their leader's vision however impractical, over-ambiguous or deceptive it may be (Lee, 2014). This so-called "dark side" of transformational leadership is described by Bass as being "pseudo-transformational". He argues that pseudo-transformational leaders are different because moral fibre is an essential characteristic of a truly transformational (or value-based) leader (Bass, 1999). However, even if the vision is ethically sound, there is a risk that followers are inspired to such a high degree of emotional involvement that, over time, they become "burnt out" (Harrison, 1987).

Secondly, the lack of conceptual clarity with the theory (Northouse, 2013) means there is ambiguity over the processes and behaviours which are needed to be truly transformational. Transformational leadership theory describes the "ideal" situation but lacks details about how to actually achieve it

(Yukl, 1999). Arguably, the theory would be stronger if the essential influence processes were stated more implicitly and used to explain how behaviour affects outcome.

Thirdly, whilst contingency theories acknowledge that there is no single best way of leading, and that one style may be effective in some situations but not in others (Fiedler, 1967), transformational theory assumes that its principles are essentially applicable to all situations. Therefore the theory ignores situational dynamics and context variables on leadership effectiveness. Transformational leadership may not be as effective in situations where the followers do not yet have the skills or competencies necessary to complete tasks independently. Whilst this is partly addressed by the fourth component “individual attention,” it does not go far enough to address the different approaches needed depending on the competency and motivation level of the follower, as highlighted by Hersey and Blanchard’s situational leadership theory (Hersey et al., 2007). Moreover, transformational leadership theory assumes one single leader, ignoring the fact that many organisations (including the NHS) employ a framework of leaders at various levels, and followers often belong to a number of different teams. If different transformational leaders have competing visions, this may result in increased role ambiguity and conflict.

Another important issue, particular pertinent to the NHS workplace, is that a high proportion of staff members originate from Asian and South East Asian ethnic backgrounds, and little is written about the impact of Eastern and Western ideology on leader-follower dynamics. There are significant differences in values regarding authority, power and deference, group loyalties and interpersonal relationships between ethnic groups. Leaders in the West, particularly transformational leaders, are seen as “progenitors of positive culture” and catalysts for change, whilst in Asia, the maintenance of harmony and the concept of “face” are more important, and have important philosophical and cultural roots (Blunt and Jones, 1997). A wider power differential and ‘distance’ between leader and follower is accepted, and a more paternalistic leadership style is expected ((Hofstede, 1984, House et al., 2002, Muenjohn and Armstrong, 2007). This further highlights the limitations of a “one size fits all” leadership model, particularly within a multicultural workplace such as the NHS.

Conclusion

Transformational leadership theory provides important insights into the nature of effective leadership. However, whilst examples of transformational leadership have resulted in organisational success (García-Morales, 2012, Liao and Chuang, 2007) it is not without its conceptual weaknesses.

The processes and behaviours espoused by the theory are unclear, too much emphasis is placed on the importance of the individual leader and their power, influence and personality, and the influence of situational variables on leadership outcomes is largely ignored. In spite of these criticisms, it is still a concept which has been influential in public sector leadership around the world and is still widely promulgated. It is therefore an important theory of which aspiring clinical leaders need to be aware and understand and although the NHS is trying to move away from a transformational leadership style (Storey and Holti, 2013), its underlying concepts are still evident within the nine dimensions of the NHS Leadership Academy’s latest *Healthcare Leadership Model* (www.leadershipacademy.nhs.uk, 2013): inspire shared purpose, lead with care, sharing the vision, engaging the team, and influencing for results.

Rather than dismissing this theory, it would be prudent for any leadership student (that is, any healthcare professional) to adopt an eclectic approach towards their leadership development; and incorporate the core principles of transformational leadership with the versatility of more contingency based and other models. The ultimate aim of health leadership is to lead transformative change, rather than change to be a more transformative leader.

Key points

- Transformational leadership has been widely promulgated in healthcare leadership;
- Many leadership competency or quality frameworks are underpinned by the concept of transformational leadership;
- Some features of transformational leadership are helpful, including describing the value of individual qualities such as integrity and the way in which leaders motivate and inspire others;
- Transformational leadership has been criticised for over-emphasising the power and influence of the leader and playing down differences in culture, context and follower competence;
- Clinical leaders need to be aware of and understand the core principles of transformational leadership, whilst being aware of other relevant leadership concepts and theories.

Conflicts of interest

The authors have no conflicts of interest to report.

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