Essential Midwifery Practice: Leadership, Expertise and Collaborative Working

Edited by

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Dedication

This book is dedicated to all the midwives, students, colleagues, doctors, healthcare assistants, women and partners who have taught us all we know about leadership, collaboration and expertise.

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Contributors

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Alison Brodrick is a consultant midwife in normality at the Jessop Wing Sheffield Teaching Hospitals NHS Foundation Trust, UK. Prior to this she worked nationally as a midwife consultant to the Caesarean Section Team at the NHS Institute for Innovation and Improvement on projects in England and Wales, working with maternity service staff and users to optimise opportunities for normal birth. Having trained initially as a nurse, she qualified as a midwife in 1994 at Kingston upon Thames. Since then she has also worked as a lecturer practitioner with Nottingham University and as a midwife and supervisor of midwives with United Lincolnshire NHS Trust. Her strong focus on promoting normality and enabling change within maternity services was reflected in her Master's degree in Midwifery and in achieving an RCM award with a colleague in 2006.

Anna Byrom has worked within maternity services in the UK, as a midwife, for the past 6 years. She has worked around the UK within a range of midwifery care models, including a birth centre, working as a Sure Start caseload midwife and her present role as an infant feeding co-ordinator. Throughout her career, she has developed a philosophy of midwifery that embraces women's physical, emotional and social needs within the context of their family environment. She has a passion for

social research and is currently undertaking a PhD with the University of Central Lancashire and the Maternal and Infant Nutrition and Nurture Unit. This research will involve exploring how macro-interventions impact on microcultures, looking specifically at UNICEF's Baby Friendly Hospital Initiative.

Sheena Byrom is Head of Midwifery at East Lancashire Hospitals Trust, UK. She qualified as a nurse and midwife in the 1970s, and has worked in the north of England since that time. Her past clinical practice encompasses 10 years within a GP unit, and then a combination of hospital and community midwifery, both clinical and managerial. Sheena worked as a consultant midwife for 6 years, in a role that encompassed the refocusing of maternity services in response to need, leading midwives in the public health agenda, and developing peer support networks and user involvement in service provision. Her post was part funded by the University of Central Lancashire where she contributed to the research capacity building strategy. Sheena was nominated twice to meet the Prime Minister, has been involved in several national projects with NICE and the Department of Health. She has published and presented nationally and internationally on topics such as addressing inequalities in health and promoting true woman-centred philosophies of care.

Ngai Fen Cheung is the professor and head of the first Chinese Midwifery Research Unit of the Nursing College of Hangzhou Normal University in China. Her main research interest is in the area of childbearing women's well-being and the development of Chinese midwifery. Her PhD, completed in the University of Edinburgh in 2000, compared the childbearing experiences of Chinese and Scottish women. Since then she has continued to design and organise international collaborative research projects studying Chinese midwifery. Her research aims to document and explain the practices of midwifery both in China and abroad, promoting normal birth and modern maternity care in China.

Sophie Cowley is an Associate with the NHS Institute for Innovation and Improvement, working on clinical pathway improvement. For the past 5 years she has supported NHS organisations delivering improvements in several pathways including promoting normal birth and reducing caesarean section rates, day surgery, radiology and ophthalmology. Previous to this Sophie was an information analyst with the NHS Modernisation Agency where she went on to become an improvement practitioner. Her main interests are service improvement tools and techniques, she has a Black Belt in Six Sigma and is currently studying for a Master's in Managing Quality in Health Care.

Ann Davenport A nurse since 1976 and midwife since 1991, Ann has been hired by organisations to live and work in more than 13 countries around the world – from the mountains of Nepal and Bolivia and the jungles of Brazil and Indonesia to the deserts of Ethiopia and western Mexico. She has worked with the University of Johns Hopkins Program for International Education in Gynecology and Obstetrics since 2001, along many other international organisations involved in the promotion of women and newborn health and well-being. She is the author of *Babies in the Cornfield: Stories of Maternal Life and Death from Around the World*, and lives in Chile, where she writes for a website promoting humanised childbirth (www.nuestroparto.cl).

Soo Downe leads the Research in Childbirth and Health (ReaCH) group at the University of Central Lancashire (UCLan) in England. Soo spent 15 years working as a midwife in various clinical, research and project development roles at Derby City General Hospital. In 2001 she joined UCLan, where she is now the Professor of Midwifery Studies. She currently chairs the UK Royal College of Midwives Campaign for Normal Birth steering committee, and she co-chairs the ICM Research Standing Committee. She has been a member of a number of national midwifery committees, and has held a number of visiting professorships, most recently in Belgium, Hong Kong, Sweden and Australia. Her main research focus is the nature of, and culture around, normal birth. She is the editor of *Normal Birth, Evidence and Debate* (2004, 2008), and the founder of the International Normal Birth Research conference series.

Kenny Finlayson has been working as a research assistant in the Research in Childbirth and Health (ReaCH) group at the University of Central Lancashire (UCLan) for the last 4 years. Although his background is in biochemistry and the pharmaceutical industry, Kenny has been involved in the research and practice of complementary medicine for much of the last decade. His research interests revolve around the integration of holistic approaches to healthcare, interprofessional boundary work and access to healthcare services by marginalised communities, all within a maternity context. For most of the last year Kenny has been deeply engaged in the design and development of a collaborative training programme for midwives and doctors. The programme is now entering its second phase of development and is being used as a regional initiative to foster a culture of collaboration within the maternity services.

Anita Fleming trained as a nurse and midwife in Blackburn, Lancashire, and has continued to work in East Lancashire since. After gaining all-round midwifery experience, Anita became a midwifery team leader in 2001. Having developed a particular interest in public health, she

became a Sure Start midwife and in 2003 set up and led a midwifery group practice providing a caseload model of care to women from vulnerable groups. Anita is particularly interested in promoting normal birth and facilitating positive birth experiences for women, especially those deemed to be 'high risk', and this often involves working in collaboration with obstetricians to help enable this. She completed both a BSc(Hons) and MA in Midwifery at the University of Central Lancashire, and since February 2009, she has been working as a consultant midwife at East Lancashire Hospitals Trust and the University of Central Lancashire.

Sue Henry is Infant Feeding Co-ordinator at East Lancashire Hospitals NHS Trust, UK. Her current role focuses on leadership in the local maternity unit and primary care trust in reaching and maintaining full Baby Friendly Initiative standards, developing innovative ways to increase breastfeeding rates, and working closely with all partners and service users. Sue has represented her local trusts and shared her breastfeeding management experience via presentations and publications both regionally and nationally.

Lesley Kay is Lecturer in Midwifery at Anglia Ruskin University, UK. She previously worked as a midwifery team leader in a community-based team in the Cambridgeshire area. She completed a Master of Studies degree at the University of Cambridge in 2007, which incorporated the Postgraduate Certificate of Medical Education. She qualified as a midwife in 2000 after completing a direct-entry midwifery programme. In her current role, she is responsible for a 'Birth and Beyond' module, a 'Complexities' module and an 'Obstetric Challenges in Midwifery' module for the BSc(Hons) Pre-Registration Midwifery Pathway and the BSc(Hons) for Registered Nurses Pathway.

Nicky Mason is a midwife consultant seconded to the NHS Institute for Innovation and Improvement Caesarean Section Team in the UK. She has been a midwife since 1991 and has a background in clinical education and practice development. She has experience of facilitating large-scale change in both the south east of England and in Auckland, New Zealand through providing innovative coaching and support programmes to clinical staff. In her current role, Nicky has been working closely with maternity service staff and users across England and Wales to optimise opportunities for normal birth. Nicky is passionate about user involvement in service improvement and research. She has facilitated a women's focus group at her local unit since 2001 and is working with an advisory group of women who are supporting her in her PhD looking at women's narratives of planned caesarean birth.

Mary Newburn is Head of the NCT's Research and Information Team (RAIT). She is editor in chief of the NCT's continuing professional development journal, *New Digest*, and an advisor to the National Perinatal Research Unit. She trained as an NCT antenatal teacher before becoming a member of the NCT staff in 1988. Mary has a degree in sociology from the London School of Economics and a Master's degree in Public Health: Health Services Research from the London School of Hygiene and Tropical Medicine. She was made an honorary professor by Thames Valley University in 2004, awarded for services to midwifery and women's health.

Mary J. Renfrew is Professor and Director of the Mother and Infant Research Unit at York University. She is a graduate of the Department of Nursing Studies in the University of Edinburgh. She qualified as a midwife in 1978 and gained her PhD in Edinburgh in 1982 while working with the Medical Research Council Reproductive Biology Unit. She has since worked in Oxford, Alberta, Canada, Leeds and York. She established and led the Midwifery Research Initiative at the National Perinatal Epidemiology Unit, and has been co-editor of the Cochrane Pregnancy and Childbirth Group. She established the multidisciplinary Mother and Infant Research Unit (MIRU) in 1996. Her research has been funded by the Medical Research Council, the Department of Health, the National Institute for Health Research, the National Institute for Health and Clinical Excellence and the ESRC, among others. In addition to more than 90 academic journal publications, she has written widely about maternity care, and is author or editor of seven books, including *A Guide to Effective Care in Pregnancy and Childbirth* with Murray Enkin, Marc Keirse and Jim Neilson. She has an active interest in the integration of research, education, policy and practice, and has worked closely with service users and consumer groups for many years. She has sat on committees at national and international level including Chair of the WHO Strategic Committee for Maternal and Newborn Health. She has been awarded inaugural Senior Investigator status by the National Institute for Health Research.

Louise Simpson is Practice Education Facilitator, Women's, Children and Sexual Health Division, Mid Cheshire NHS Trust, Crewe. She has been a practising midwife for 10 years. She has also worked as a labour ward co-ordinator. Her current role is to promote leaning within the clinical environment, and to support midwives in a clinical capacity. Her philosophy of care is to promote pregnancy, labour and birth as a normal, natural process placing emphasis on birth as a whole, and supported through attending to the physical, social and emotional needs of the woman and her family. Louise is passionate about midwifery and research. She was involved in the data collection for the RCM

'Campaign for Normal Birth'. Her Master's by research explored midwives' accounts of intrapartum expertise. Through this research, she identified the skills, practices and personal attributes required to promote expertise in practice. She has presented the findings of this research at local, national and international conferences, and published her findings in leading journals.

Denis Walsh is Associate Professor in Midwifery, University of Nottingham, UK. He was born and brought up in Queensland but trained as a midwife in Leicester, UK, and has worked in a variety of midwifery environments over the past 25 years. His PhD was on the birth centre model. He lectures on evidence and skills for normal birth internationally and is widely published on midwifery issues and normal birth. He authored the best seller *Evidence-Based Care for Normal Labour and Birth*.

Cathy Warwick CBE is General Secretary of the Royal College of Midwives (RCM), one of the world's oldest and largest midwifery organisations, representing the majority of the UK's midwives. She has written and published widely on midwifery issues and lectures and speaks nationally and internationally. She was awarded a visiting professorship by King's College, London in 2004. She received a CBE for services to healthcare in 2006, and was awarded an Honorary Doctorate from St George's and Kingston University, London, in 2007.

Foreword

This book addresses three aspects of midwives' work: leadership, expertise and collaboration. Individually, each is important to describing midwifery practice; collectively, they are a dynamic package that can elevate the health of women and babies locally and across the broad global community.

Midwives are called upon to be many things to many people. They must be first-rate practitioners who use their knowledge, skill and expertise to care effectively for women and babies. Some would say that is enough and all that really counts. But it is not! Students and junior midwives often funnel their energy into developing skills, as they should. However, their vision should not be so narrow as to block out other important aspects of midwifery practice. They must realise that their practice reflects the environment in which they work and the world in which we all live. They have the potential to influence both for the good of mothers and babies. This requires commitment to developing expert clinical skills, but also to broadening their expertise as collaborators and leaders.

As we all know, there are many paths, venues, roadblocks and bridges in the birth journey. Navigating that 'travail' (journey/the work of labour) is something a woman does in concert with others and she deserves the very best artists who are in harmony *with her* in the process. Her midwife should be a practitioner who artfully collaborates with others to ensure that the woman's needs are met. Skilled collaboration fosters seamless care transitions when required, integrates complex healthcare systems and opens closed doors. Collaboration among practitioners involved in childbearing care is essential, but collaboration with the woman and family and the broad community also is important. It is a skill and not always easy, especially within daunting hierarchal institutions. It requires the recognition that all who enter a collaborative relationship are human beings with individual beliefs and values shaped by their culture, education and experiences. If we pride ourselves (as we often contest) that we are listeners and value each woman

as an individual then it is incumbent upon all of us to apply those same communication skills and beliefs to the development of our collaborative professional and community relationships.

Leadership is perhaps the part of the job description that is shunned by many midwives who think, 'I just take care of women – I don't need to be a leader!'. But you are and you do – you just may not realise the form it takes or the far-reaching impact it can have. Leadership goes further than the common misperception of a leader as the lofty head of a group, institution or country. Rather, it is the everyday work that demonstrates strength, knowledge and ethical behaviour to others. Your actions should be those that others want to emulate. This means being engaged in work to further the health of mothers and babies, as an individual and as a member of the broader community – you are part of the solution!

This book will help you learn about and reflect on these vital aspects of our work and how you can develop each of them as a midwife. As I reflect on my own midwifery path, I have come to realise that all of these have added to the joy and challenges of my work. Although the path was never easy, the forward journey and navigating the pitfalls have added to the richness of my professional life. If we all embrace these aspects of our work, the world will become a better place for mothers, babies, families and the broader global community.

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Introduction

Soo Downe, Sheena Byrom and Louise Simpson

Leadership, expertise and collaborative working are fundamental aspects of efficient and effective healthcare. These three aspects have been recognised in governmental and health agency documents across the world (WHO 2005; DH 2007a). While there has been some exploration of these areas in the nursing literature, there is a paucity of theoretical and practical exploration of the nature and application of these characteristics in the context of maternity care. This book offers a comprehensive overview of the general theories, principles and points of good practice in each of these three areas. This general literature is then contextualised by theoretical and practical implications for maternity care. Each section is illustrated with in-depth case studies of successful innovation and change in practice based on the theories and concepts discussed in earlier chapters.

Leadership

The World Health Organization (WHO) recognises the importance of strong leadership for effective healthcare. The WHO has also developed a programme for potential dynamic leaders in an attempt to combat poverty and health inequalities (WHO 2005). In the UK, the Department of Health has developed a leadership centre as part of the NHS Modernisation Agency, in the belief that leaders within the NHS could motivate staff and improve patient care (DH 2003).

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Examination of the literature on leadership and that relating to midwifery reveals some evolutionary similarities. The dominant theories in both areas appear to be moving away from hierarchical models and towards those based on relationship. In the case of leadership, this has led to a concentration on transformational philosophies, in contrast to earlier approaches based on command and control (Conger 1991; Barker 1994; Carless 1998). In midwifery, woman-centred care has become the ideology of choice, theoretically replacing hierarchies built on professional power bases (WHO 1997; DfES 2004; DH 2007b). The leadership section of the book examines the theoretical synergies between these two movements and provides examples of effective leadership in practice.

Expertise

It is not uncommon for midwives to call themselves 'the experts in normal childbirth'. The statement appears to see both 'expertise' and 'normality' as unproblematic concepts. In many countries across the world, the majority of women giving birth with trained midwives currently do not experience a physiological birth. This raises questions about the nature and provenance of expert or exemplary practice in midwifery. The section on expertise will draw on general theories of expertise, on established usage of the term in nursing and medicine, on emerging theories in midwifery, and on practical examples of expertise in practice through in-depth case studies Given the fact that most women in the world are not attended by trained midwives, this section also addresses the topic of maternity care expertise for practitioners without formal midwifery qualifications.

Collaborative working

The concept of increased inter- and/or multidisciplinary collaboration is advocated by various governing bodies. In a recent document entitled *Safer Childbirth: Minimum Standards for Service Provision and Care in Labour* (RCOG, RCM, RCA, RCPCH 2007), a range of UK professional bodies comment that national audits and reviews of maternity services have continued to highlight poor outcomes related to multiprofessional working, staffing and training (Foreword). The NHS Institute for Innovation and Improvement has defined four levels of collaboration (DH 2007b). This section will explore the roots of effective and ineffective collaborative working, summarise the key theories, concepts and policy documents in this area, and present case studies from the UK and China to illustrate how collaboration across professional and agency

boundaries can be improved, and the implications this has for practice and for outcomes.

Conclusion

Strategic and clinical leadership, the application of expertise and effective intra- and interprofessional collaboration are essential components in the provision of high-quality healthcare. We hope that this book will assist midwives, midwifery students at all levels, and others working in or studying maternity care to understand the theoretical underpinnings of effective leadership, expertise and collaborative ways of working. We also aim to inspire positive changes in practice, through the provision of inspirational case studies of change and innovation. We hope this text is a practical guide to such change for the future.

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Part I
Leadership
Introduction to Part I

Sheena Byrom

The subject of leadership in general has received much attention throughout the world. Although there is a significant amount of research and expert opinion in relation to leadership and health professionals, there has been less examination of the issues relating to leadership and the midwifery profession.

Examination of the literature on leadership and that relating to midwifery reveals some evolutionary similarities. The dominant theories in both areas appear to be moving away from hierarchical models and towards those based on relationship. The emotional focus of midwifery work, and the philosophy of women-centred care where midwives support and nurture women, could be linked with transformational style leadership theory. While it has been suggested that there is a lack of effective midwifery leadership across the world, there are examples of midwifery leaders who are challenging that belief, through their dynamic leadership styles, in strategic development, midwifery research, education, academia and service provision.

In Chapter 1, Sheena Byrom and Lesley Kay examine the general and specific literature relating to leadership theory. They provide a brief overview of various leadership styles and traits. The subject of whether leaders are born or made is debated, in addition to various approaches to leadership development. There is an agreement within the literature that leadership is an essential element of organisational success, and for maternity services leadership has been identified as a critical factor when considering optimum safety for mothers and babies. The chapter suggests that all midwives have a responsibility to 'lead' in certain circumstances – for example, they 'lead' women during the childbirth continuum in their daily work, they lead parent education sessions, and they facilitate birth. The chapter proposes that the way midwives 'lead' women or other midwives needs to be considered at all times if quality of care is to be improved.

Sheena Byrom, Soo Downe and Anna Byrom take a more theoretical approach in Chapter 2, in which they describe a 'nested narrative review' of the literature pertaining to midwifery, woman-centred care and transformational leadership theory. Midwives and midwifery have always championed a holistic approach to childbirth. Even though transformational leadership has been closely linked to feminine traits by some authors, there appears to be little in the literature about the possibility of adopting transformational leadership approaches in midwifery. The chapter reviews the literature of woman-centred care and transformational leadership separately. On the back of the findings, it is suggested that the two approaches have much in common. The authors suggest that adoption of transformational leadership styles may be welcomed, at least in some midwifery settings.

A series of case studies and personal reflections are set out in Chapter 3. Contributions include personal reflections from midwifery leaders working at various levels. Sue Henry, Sheena Byrom and Cathy Warwick offer insights from the UK as midwives working at local level, as a consultant midwife and as a national leader, respectively. Ngai Fen Cheung gives an example of leading radical change in China, and a service user leader, Mary Newburn, describes how she came to a position of national influence in maternity care. Individuals frequently describe being inspired by leaders. The chapter provides personal insights into how such people achieve their vision and their ultimate success. Their skill and capacity to develop others to succeed and their influence on maternity service development offer encouragement and inspiration to all midwives, now and in the future.

Chapter 4, written by Mary Renfrew, uses the subject of breastfeeding as a case study to examine ways of creating change at a wide range of levels, from the very local to the international. Mary describes ways in which her work has attempted to address challenges faced in terms of research, practice, policy, education and strategy. Crucially, she draws out lessons for leadership in creating change at scale. The chapter highlights the fact that success depends on all members of the team, each bringing their contribution, skills, expertise and talents. Mary is clear that successful leadership includes having the confidence to ask others to follow, and the ability to work in collaboration and to follow others in turn.

All the chapters in this section illustrate the need for courage, vision and conviction if leaders are to be effective. They set out the theoretical basis for leadership and provide examples of where good leadership has led to important changes at all levels. As such, they provide a set of principles and a series of templates for midwifery leaders in the future.

Chapter 1

Midwifery Leadership: Theory, Practice and Potential

Sheena Byrom and Lesley Kay

Introduction

In 2008 the World Health Organization (WHO 2008) highlighted consistent leadership as a vital element to improve maternal, newborn and child health, and as a crucial component for progress towards Millennium Development Goals 4 and 5. Whilst this is a global strategy, many countries are also individually promoting positive leadership as key to promoting safe and appropriate maternity care.

This chapter will provide an overview of theory underpinning the concept of leadership, with a particular focus on maternity services and midwifery care. It provides the reader with a basic insight into the current position of leadership within maternity services, and into the potential for improvement and aspirations for the future. Whilst reference is made to other countries, the majority of the examples of current practice apply to the UK.

Leadership and leaders: theory, styles and traits

Leadership theory has been debated for centuries throughout the world, and yet it remains difficult to give a precise and agreed definition to the word 'leadership' (Mullins 2009). Put simply, it could be described as a relationship through which one person influences the behaviour or actions of other people in the accomplishment of a common task (Mullins 2009).

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The concept of leadership is related to motivation, communication and interpersonal skills (Tack 1984) and has been suggested as the critical variable in defining the success or failure of an organisation (Schein 2004). Successful leaders have emerged within community groups, religious circles, political arenas and armed forces, and their talents have ranged from leading a few individuals to leading whole countries.

It could be useful to consider the following suggestions from Anderson *et al*. (2009) when trying to navigate the leadership phenomenon.

- Leadership (and management) is about dealing with the boundary between order and chaos – management leans more towards the order side and leadership more towards the chaos/complexity side. The issue is to balance the maintenance of what is useful (unless it is dysfunctional) while developing the new, and managing the transitions from one state to another.
- Leadership has become much more prevalent as a word and concept and has taken over from management, important in the era of manufacturing.
- Good management is added to, not replaced, by leadership. Well-led change needs good management to implement and maintain it.
- Leadership as an activity has in recent years been seen to be more distributed. Although it is still seen as the responsibility of a significant few, it is also a concern of the many who can have significant impact. Leadership is in part about human capital, contained in individuals, but also partly about social capital, embedded in collectives and their relationships: teams, networks, whole organisations and even sectors and regions. This presents real challenges for leadership development.

Leadership is an integral part of the social structure and culture of an organisation (Mullins 2009). When contemplating organisational culture, consideration should be given to how leaders create culture, and how culture defines and creates leaders (Schein 2004). Interestingly, and relevant to this chapter, the Care Quality Commission (2008), in its survey of all UK maternity services, reported that poor morale and ineffective or authoritarian leadership are commonly linked. The Commission noted that this is likely to contribute to a less effective service. It recommended that hospital organisations (trusts) need to consider the culture within their maternity services.

The so-called 'Great Man' and 'Trait' theories were the basis for most leadership research until the mid-1940s (Bednash 2003) These theories suggest that leaders are born and not made, and that leaders possess certain innate qualities or characteristics such as interpersonal skills, judgement and fluency (Bass 1990). Contemporary opponents of these

theories (Cook 2001; Gould *et al*. 2001) argue that leadership skills can be developed and are not necessarily inborn. Handy (1993) describes a major flaw of the trait theories: they disregard the influence of others or the situation on the leadership role. Trent (2003) agrees, maintaining that leadership requires collaborators more than charisma.

Vroom & Yetton (1973) and later Vroom & Jago (1988) developed a model called situational contingency theory. This theory considers how and the degree to which the leader engages his or her team members in the decision-making process (Vroom & Jago 2007). It suggests that the same leader can use different group decision-making approaches depending on the characteristics of each situation. 'Style' theory succeeded both trait and situational theories and concentrates on what effective leaders actually do as opposed to what sort of person they are. Leadership in this context is understood as a set of behaviours rather than a set of traits.

Lewin *et al*. (1990) undertook seminal work on leadership styles. They considered some leaders' need to demonstrate a degree of dictatorial authority as opposed to the readiness of other leaders to assume a more democratic role. Leaders taking an autocratic stance make decisions without consulting others. Ralston (2005) describes this type of style as 'authoritarian'. Communication is top-down and staff are not expected or encouraged to take the initiative. In contrast, in the democratic style, the leader involves others in decision making and is often described as 'participative'. This is usually appreciated by people and improves staff morale and ownership; however, problems can arise when there is a wide range of opinions and there is no clear way of reaching an equitable decision. In another approach, the *laissez-faire* style of leadership minimises the leader's involvement in decision making. Those of this ilk tend to lead by virtue of their position in the organisation, without necessarily displaying leadership skills (Ralston 2005).

Burns (1978) conceptualised leadership in terms of a leadership–-member exchange model, a two-directional process between follower and leader. This differentiates between transactional and transformational leadership styles. Transactional leadership occurs when one person takes the initiative in making contact with others for the purpose of making an exchange (Conger & Kanungo 1994), whereas transformational leaders communicate positive self-esteem and empowerment of followers (Davidhizar 1993).

Transformational leadership

The leadership style that is increasingly advocated in the healthcare literature is that based on the transformational model (Kouzes & Posner 2007). Ralston (2005, p.35) defines transformational leadership