LEADING IN A CHALLENGING ENVIRONMENT: EXPLORING THE INTERDISCIPLINARY CONNECTION BETWEEN THE PERSONAL, PROFESSIONAL, AND ORGANIZATIONAL ASPECTS OF CHILD PROTECTION LEADERSHIP USING NURSING LEADERSHIP AS A COMPARATIVE

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ABSTRACT

Aim: This project provides a summary of the interconnected and transferable learnings regarding the impact of leadership within the field of nursing and describes a nursing leadership model that could be adapted and applied within the field of child protection.

Background: Effective child protection leaders are needed to address complex problems related to retaining staff, improving organizational health and ultimately creating positive outcomes for children, youth and families. Literature within the discipline of nursing reveals that focusing on leadership styles, training, and mentoring has over the past twenty years demonstrated a positive impact on nurse retention, improved organizational health and ultimately positive patient outcomes.

Methods: Twenty two nursing and ten child protection resources were selected as the data for this project. Discourse analysis was used to draw out the variant and comparable themes within the texts.

Results: The review resulted in the identification of several common themes, as well as one theme that was evident only in the child protection data. The common themes selected to focus on were: 1) the need for formal leadership education and training and 2) the impact of leadership styles on employees and client/patient outcomes. The variant theme was the pressures and stressors managers within child protection organizations experience as a result of political, public and media scrutiny.

Conclusion: This project provides evidence that transformational leadership can improve nurse retention and outcomes for patients. Leadership theory can effectively provide the base for dealing with fiscal, organizational, political and environmental challenges effectively. The project identified The Nursing Leadership Knowing (N.L.K.) Model as a model that could be adapted and adopted within the discipline of child protection. This model is a holistic leadership theory that is congruent with the values of both nursing and child protection.
Leadership consists of the ability to, first, see today as it really is – all the warts, the issues, the successes and the abysmal failures despite the investment of considerable resources; second, see a preferred future, one that others can engage in and contribute to building; and then third, take action to close the gap between the reality of today and that preferred future. (Cummings, The Call for Leadership to Influence Patient Outcomes, 2011, p. 22)

The above quote acknowledges that there are both successes and failures within the discipline of nursing and describes that in order to move forward it is necessary to identify and focus on a future state. The literature and research regarding nursing leadership demonstrates how over the past twenty years a transformation has occurred in how nurses are leading within their organizations. This is as a result of a purposeful focus on leadership training and education that is theory based. The discipline of nursing leadership has demonstrated the significant impact that this has made on the retention of nursing staff, improving organizational culture and positively impacting patient outcomes.

Child protection organizations require managers who have the knowledge, skills and abilities to lead their staff within a complex system. Exploring this transformation within the discipline of nursing provides the opportunity for managers within child protection to gain knowledge regarding theories and models of leadership that have the potential to be the catalyst for transformational change within the child protection system. It responds to the challenge of Schneider, Crow, & Burtnett (2001) when they argue that in order “to combat mediocrity, a new leadership for child protection must emerge” (48). Using articles published in research journals, material gathered from an internet search and books related to the field of leadership in child protection and nursing, a comparative analysis will be made between the two fields. The results demonstrate how nursing leadership provides a strong example that can be followed. The method of discourse analysis will be used to reveal the variant and common themes that are a part of the
culture of these two disciplines. In completing this review, images and assumptions of the personal, professional, and organizational dimension of these complex systems will be exposed.

**The Leadership Versus Management Debate**

Several authors have identified that there is ongoing confusion about the difference between management and leadership (Barr & Dowding, 2012; Curtis, de Vries, & Sheerin, 2011; Penton, 2005). Penton (2005) describes these tensions stating that “in effect, leadership and management present a paradoxical dilemma, with setting a direction presenting against planning and budgeting, aligning people versus organizing and staffing, and motivating people versus controlling and problem solving” (8). Hughes et al. identify key descriptors that differentiate between the activities of management and leadership:

- Managers administer, leaders innovate
- Managers maintain, leaders develop
- Managers control, leaders inspire
- Managers have a short-term view, leaders have a long-term view
- Managers ask how and when, leaders ask what and why
- Managers initiate, leaders originate
- Managers accept the status quo, leaders challenge it.

(as cited in Curtis, de Vries, Sheerin, 2011, p. 307)

These descriptors are helpful to differentiate between management and leadership but it still leaves the question; is there a conclusive definition of leadership? Welford (2002) takes the position that the definition is varied and is not something that can be definitively defined (8). Curtis, de Vries, & Sheerin (2011) state that although there are some common themes that can be identified out of the various definitions of leadership, “it is worth noting that there is no one
correct definition of leadership” (307). Daft (2005) concludes “scholars and other writers have
offered more than 350 definitions of the term leadership” and that leadership “is one of the most
observed and least understood phenomena on earth” (as cited in Barr & Dowding, 2012). Barr
& Dowding (2012) make an important observation that “there appears to be some ambiguity
between the notions of leadership and management. Currently the terms leadership and
management may be used interchangeably because the differences between them may not always
be straightforward” (9).

Instead of focusing on a definition of leadership Barr & Dowding, (2012) focus on
leadership theory. They refer to leadership theory as something that is continually evolving and
that:

Leadership is both an art and a science. An art because of the many skills and
qualities that cannot be learned via a textbook but a science because of the
growing body of knowledge that describes the leadership process, leadership
skills and the application of these elements within a given practice area. Knowing
about leadership theories allows us to analyze situations from a variety of
perspectives, to understand the importance of leading an organization to success
and to suggest well thought-out alternatives to enhance a quality practice. (11)

This focus on leadership theory provides a starting point to recognize that “leadership qualities
are not innate; they can be trained and developed” (Curtis, de Vries, & Sheerin, 2011, p. 309).

The debate between what is leadership and what is management could be a project in
itself. As a result of a lot of the child protection data referring to management and leadership
interchangeably, the guiding viewpoint will be the position that “leaders are an essential part of
management but the reverse is not true: you do not have to be a manager to be a leader but you
do need to be a good leader to be an effective manager” (Barr & Dowding, 2012, p. 9).

**Comparison of Nursing and Child Protection Disciplines**

The professional disciplines of child protection and nursing share a number of
commonalities, but they also differ significantly. A common focus is that they provide supports
and services to people who are often in crisis and dealing with complex and multidimensional
problems. In the field of child protection a significant number of child protection workers are
social workers who operate under a code of ethics. The same holds true for those in the nursing
field who also practice under a code of ethics. A review of each of their code of ethics provides
the first glimpse into the discourses of these two fields and reveals a striking similarity with both
speaking to respect, justice, confidentiality and competence (Appendix A).

One major area in which these two fields differ though is their mandates to provide
supports and services. Nursing provides services that are voluntary and is generally viewed to be
a positive and helping profession. Nurses are seen as professionals that provide care,
compassion, treatment and support. Jackson, Clements, Averill, & Zimbro (2009) state that
“nursing practice revolves around tenets of caring with an overarching altruistic framework”
(150).

In contrast child protection is a field that is characterized by strong emotions, values,
beliefs and viewpoints. The results of a Child Protection Agency’s actions are often criticized for
either being too intrusive or not intrusive enough. Staff in this field work in an environment that
is demanding and stressful. There is also very little positive recognition for child protection
workers. Often they have to deal with hostile and aggressive parents while trying to balance
high caseloads and bureaucratic demands. They are often criticized for removing children from
their parents or they are criticized when a child is hurt or has died when they were not removed (Hodgkin, 2002, p. 193). In Canada child protection organizations operate under provincial legislation and many decisions are made through the court systems. As a result there are significant challenges for child protection workers that nurses don’t face. The largest challenge being that child protection workers are working with clients who are usually involuntary and often have to implement interventions and services that have been court ordered. The common imagery that is expressed regarding child protection workers is that they are coming to remove children from their parents.

**Methodology**

One of the goals of this project is to bring together the learning that has occurred, as a result of focusing on the areas of work, organization and leadership within the Master of Arts – Integrated Studies program, through an interdisciplinary comparative study. One of the most influential texts of my MA-IS journey has been Bonnycastle’s (1996), *In Search of Authority: An Introductory Guide to Literary Theory*. The key learning that has stayed with me and has significantly influenced my approach to this project has been his reference to:

The idea of paradigm and paradigm change . . . . The idea that a natural language, such as English, is systemic, and that speaking it has a big effect on how we see the world, what we notice, and what we ignore. . . . The idea that cultures and ideologies are constructed rather than natural, and so they embody assumptions about life. . . . The idea that if you don’t like something in your culture, then you may want to take your culture apart, or deconstruct it. (12)
I have taken this reflective approach and have used discourse analysis to compare the fields of child protection leadership and nursing leadership in the hopes of constructing an alternate paradigm within child protection leadership.

Muncie (2006) defines the research methodology of discourse analysis as the “detailed exploration of political, personal, media or academic ‘talk’ and ‘writing’ about a subject, designed to reveal how knowledges are organized, carried and reproduced in particular ways and through particular institutional practices” (para 1). This method fits well with an interdisciplinary exploration of the topic of leadership and the comparison of literature related to the two professions: one that is strongly focused on a paradigm of management and bureaucracy and the other one that has made significant movement towards a leadership paradigm focused on transformation.

A key component of discourse analysis methodology is ensuring that the researcher is reflexive about the approach they have taken. Seale (2004) describes that:

. . . in aiming to be reflexive in their research practice, social researchers question their own assumptions, critically examine their process of inquiry, and consider their effect on the research setting and research findings – whether in terms of their presence in a field situation, the way they select their data, or how their theoretical framework shapes the process of data collection and analysis. (380)

This push to have researchers using discourse analysis consider how their paradigms, assumptions and values affect their research is also echoed by others such as Ellermann (1998) and Phillips & Hardy (2002).

My interest in exploring the topic of leadership within child protection comes directly from the past twenty years that I have been employed with the Government of
Alberta in the field of child protection. My experience ranges from seven years in direct frontline and supervisory positions to various management positions over the past thirteen years. Reflection for me has involved looking back at where I started as a child protection investigator, approaching child protection issues from a strong forensic paradigm. Then as I transitioned to supervisory and management positions I valued task completion, policy compliance, process and procedures. I have now realized that there is missed opportunities and potential as a result of not focusing as much on the relational and transformational dimensions of supervision and leadership.

In approaching this research it needs to be acknowledged that I have worked both frontline and management positions within child protection, but I have not worked in the nursing field. As a result the selection and interpretation of resources could be tainted with a negative shadow. This is based on my past experiences, struggles, anxieties, and at times feelings of hopelessness regarding the child protection information. In contrast I may be overly optimistic and unrealistic regarding nursing. However taking Bonycastle’s (1996) encouragement of paradigm change, and understanding that the world of child protection I live and work in has been socially constructed, and therefore can be deconstructed and changed, I am embracing discourse analysis and reflexivity with an understanding that:

. . . reflexivity can only take place once we no longer insist on ‘knowing it all’ and are prepared to question our own practice and our own understanding of reality. . .

Only by foregoing claims of absolute expertise are we able to enter the lifeworld of others. Openness frees us to critically reflect on our own practice and to incorporate the feedback from service users. It empowers us to move toward an
integration of theory and practice by letting go of universal conceptions of reality that will inevitably clash with particular experience. (Ellermann, 1998, p. 43)

My premise then is that if managers and leaders within child protection agencies expect this kind of reflexive engagement of their staff, with the children and families they provide supports and services to, management needs to move to a leadership paradigm that is focused on relationships and transformation rather than solely task completion and policy compliance.

**Data Collection**

The first stage of data collection included books obtained in the course of my employment and through course work completed in the MA-IS program. The second stage involved obtaining material through the use of searches on Google and Google Scholar. The Athabasca University Library database, *Academic Search Complete*, and the database Communication Studies: A SAGE Full-Text Collection was also used (Athabasca University, 2004). In order to keep the data manageable for the scope of this project the search terms that were used were ‘leadership in child protection’ and ‘leadership in nursing’ (Appendix B).

After the initial material was reviewed the second step was to complete a review of the references from the first set of resources gathered. From there all the material was scanned for terms such as: leadership, management, development, reflection, theory, models, and training. In the end ten child protection related resources and twenty two nursing related resources were selected (Appendix C). The selected material was then reviewed with notes being made on each of the resources. This resulted in the generation of a map which provides a graphic representation of the major themes that came out of the data review (Appendix D). For the purpose of this comparative project the themes that were chosen to review in depth were: 1) the
need for formal leadership education and training and 2) the impact of leadership styles on staff and client/patient outcomes. The variant theme was the pressures and stressors managers within child protection organizations experience as a result of political, public and media scrutiny.

**Characteristics of the Literature Reviewed**

The process of gathering data for this research project has revealed some interesting observations regarding the literature in these respective fields. First in looking at the nursing material, an important observation is that consistently the primary authors, and a significant number of secondary authors, are registered nurses or have a Doctorate in Nursing. The nursing data also revealed a strong connection with universities and health centers. This reflects a strong connection between the academic and research side of nursing and the reality of working in health organizations.

Secondly in regards to leadership within nursing, seven of the studies were authored by Canadian researchers, and several related to leadership practices within Canadian health organizations. In comparison only one of the documents used from the material reviewed regarding child protection was authored by a Canadian. Another observation is that, out of the twenty one journal articles selected within the nursing field, seventeen journals are peer reviewed (Appendix C). In comparison the child protection data contained five peer reviewed journals.

There was also a significant discrepancy between the publishing dates of the material. The child protection material ranged from 2001 to 2010, in comparison to the nursing literature which ranged from 2001 to 2012, fourteen of which were published between 2010 and 2012.
Findings

Variant Theme

A strong theme that was present in the child protection literature was related to external pressures on child protection staff, managers and organizations. The stressors described were related to political, media and public expectations of child protection agencies and their staff. Schneider, Crow, & Burtnett, (2001) state that the “persistent belief is that the [child protection] agency is exclusively responsible for abused and neglected children” (18). The authors use the comparison of the fire department, which although they also have a mandate focused on ‘protection,’ they are not held to the same standard as child protection agencies. They describe how at times when firefighters have to return to a fire scene as a result of a flare up:

If they followed procedures the first time, they are not held responsible for the second fire. Further, if fire department personnel are notified of a potential fire hazard and they take the normal steps to eliminate the hazard, they are not held responsible if there is a subsequent fire at that location. Having followed normal and accepted procedures is an adequate explanation for how the event was handled (18)

The authors argue that child protection agencies are held to a much higher standard. That standard being that once a child protection agency is notified that a child is being abused or is at risk of being abused the

. . . child’s ongoing safety and well-being is viewed as the responsibility of the agency. Should the child be harmed, the agency is, in most communities, held responsible if:

· The agency is notified of suspected abuse or neglect but does not investigate.
· The agency does investigate but does not provide remedial services.

· The agency does provide remedial services but does not remove the child from the parents.

· The agency does remove the child but returns the child to the parents after remedial services are provided.

· The agency places the child with grandparents or other relatives.

· The agency places the child in a foster or adoptive home or in another specialized facility. (17)

Connolly & Smith (2010) and Harrison (2009) emphasize the expectation that child protection organizations should never fail and make reference to the role that the media plays in highlighting negative situations. Harrison (2009) describes the tensions for child protection agencies in that, although there is a movement to move from a reactive paradigm to a strength based preventative one, at the same time they are still faced with the expectations of politicians, public and the media. There is an expectation out there that they “should have a one-hundred percent safety record when it comes to the protection of children” (34). He goes further stating that for there to be change it must involve managers supporting frontline workers so they can be “empowered to take risks in order to wiggle out of the straight jacket of traditional child protection looking over their shoulder” (36).

Preston (2005), describing a survey completed by Regehr, Chau, Leslie, & Howe stated that “child welfare managers cited externally imposed organizational change, community conflicts, and public/media scrutiny as three of their four most severe and pressing work-related stressors” (as cited in Preston, 2009, 97). Preston (2005) went on to identify that “paradoxically, the very skills
and competencies needed to ameliorate these issues were absent from nearly 90% of the child welfare management training” that he had reviewed in 2004 (97).

In reference to child protection in England Morrison (2010) states that:

The recent regulatory scrutiny, media vilification and political fever about child protection in general and social work in particular have created unprecedented levels of institutional, professional and personal anxiety. Senior managers have expressed both publicly and privately concern about the impact of this environment on the quality of practice, the welfare of staff, relationships with partners and indeed on their own capacity as leaders. (312)

A big part of the anxiety, as referenced by numerous authors, is connected to the effect that media has on both leadership and frontline employees within Child Protection organizations (Connolly & Smith, Reforming Child Welfare: An Integrated Approach, 2010; Golden, 2009; Harrison, 2009; Morrison, 2010; Preston, Child Welfare Management Training: Towards a Pedagogically Sound Curriculum, 2005; Schneider, Crow, & Burtnett, 2001). It is interesting to note that although various authors make reference to the impact of negative media attention, Morrison (2010) highlights the specific impact on Senior Managers. Also of importance is the reference he makes, that when things go wrong it is not just frontline staff that need training and time to reflect in order to transform the system, but managers as well.

Closely connected to the theme of pressure from the media and public, was the reference to child welfare reform (Connolly & Smith, 2010; Schneider, Crow, & Burtnett, 2001; Golden, 2009; Penton, 2005). It is within the information regarding child welfare reform that the first glimpse of the importance of leadership comes out.
Penton (2005), in the aftermath of tragedies, describes how child welfare reform is often the result of external pressures. These pressures place management in a position that forces them to respond to the demand for changes using management approaches that focus on accountability and liability, and are often based on “top down direction and funding imperatives” (37).

In reference to child protection services in New Zealand and the pressures that the system was under, Connolly & Smith (2010) discuss the partnership that occurred between leadership and management in order to create systemic reform. They premise this with the description that:

Child welfare reforms tend to be reactive responses to high profile failings within a system. Typically consultants are engaged, inquiries are undertaken and the emerging report, often with wide-ranging recommendations, becomes the catalyst for change. . . . . . the reforms outlined in this article did not emerge from a critical review. Rather, they emerged from an internal belief in the need for change, a careful internal analysis of the issues confronting the organization and the development of an integrated plan to address them. This self-regulating process proved to be important as it enabled more reflexive and flexible responses as the system worked through the inevitable challenges. (13)

The focus of this reform was the “strategic management focus on organizational discipline, self-regulation, and leadership provided the platform from which the professional reforms could be given a chance to succeed” (16). They articulate that one of crucial aspects that contributed to the success of this reform was “a partnership between managerial discipline and professional leadership” (9). The context being that New Zealand was not unique in facing challenges, but was very much in the same position as other Western child protection jurisdictions. They recognized that there is considerable research on the “bureaucratization” of child protection and
outline how some management practices have adverse effects (10). A critical piece to reform
then in child protection system is the all-important connection and partnership between
managerial and professional leadership.

Golden (2009) details her personal and professional experience of making changes within
a child protection agency that had been the focus of negative attention for over ten years. She
describes how “reforming child welfare is about what government can do for children in danger,
children who have been failed by numerous public and private institutions and who arrived at the
last safety net – the public child welfare system” (1). She articulates clearly that in order for there
to be reform within child protection there has to be leaders that are willing to take risks when
they are developing options for change. She states:

Totally safe options don’t lead to dramatic change. How do leaders take those
risks and last long enough to have an effect? The short answer seems to be that
they identify and develop a lot of options, not just one status quo option and one
risky and self-destructive alternative. Like an expert skier compared with a
novice, leaders who are good at taking risks can see routes for getting through
terrain that looks impossibly fraught with peril to someone else. (205)

It is necessary for leadership to move away from the reactive mode when tragedy strikes
and move towards a proactive leadership approach that is aimed at making transformational
changes within the system. It is important to understand that for this to happen it also involves
making the changes when the system is not overwhelmed, as the result of the latest tragedy,
budget or political pressure. The call for transformation through leadership can be the catalyst
for constructing a future state.
Common Themes

Theory based leadership education and training.

One of the themes that became evident in both fields was the effect on the system when frontline staff transitioned into management and leadership positions. The biggest impact was the resulting gap that can occur between their clinical practice expertise, frontline experience and their ability to be effective leaders (Curtis, de Vries, & Sheerin, 2011; Maltais & Crupi, 2012; Barr & Dowding, 2012 Paterson, Henderson, & Trivella, 2010; Wilson & Tilse, 2006 Penton, 2005).

Penton (2005) identifies the challenge of making a transition from direct involvement with children and their families into management, and states that new managers need to:

. . . . be cognizant of several factors in the external environment that affect the climate and functioning of the organization: turbulence in the environment, especially changes in Ministry directions and funding; value shifts, which may be defined by changes in legislation or society in general; or new technology, which is often seen as an impingement on the true work of child protection. Thus, the very qualities that are supported and encouraged in the development of a competent clinician are often antithetical to managerial performance. (69)

She argues that what is crucial for new managers in child protection, in order to transition well from the frontline, is a “supported learning journey, which would include formal field specific training, structured supervision and attention to transfer of learning activity” (3). She argues that supporting the developmental needs of new managers working within child protection agencies is both an “ethical and practical requirement” as managers are one of the critical elements needed
in order for a child protection authority to accomplish their “vision and mission in service delivery for vulnerable children and their families” (3).

Preston (2005) in the article *Child Welfare Management Training: Towards a Pedagogically Sound Curriculum* goes further in describing the research on management training. The research revealed that “a substantial percentage of child welfare managers when faced with the rigorous workload, immense responsibilities, and tremendous ambiguity associated with their jobs, are forced to rely on relatively simple mental models”, rather than a model that has been empirically tested and is based on theory (91). He describes mental models as being based on an individual’s life experiences, assumptions and biases, which includes both their professional and personal experiences. Without a theoretical base, managers will primarily make decisions based on their own preferences, and not a theory that has been tested and validated through research. His argument concludes that in order to assist managers in dealing with the complexity of child protection management they should have training that is based on “pedagogical models of managerial work” (107). This is needed in order to improve and provide effective and efficient services to children and families. He also describes the gap that is created when staff are promoted from within and are not provided with formal training, and as a result rely on their own instincts. Preston concludes that “the supply of social workers formally and adequately educated in pedagogical models of managerial work is far outpaced by the demand” (91).

Fisher (2009) completed a review related to the general area of social work management. In her review she came to the conclusion that “some managers have learned to lead successfully based on their practice wisdom and personal experience, but as a group social work administrators may rely too heavily on these two facets” (347). She makes reference to the work of Hall & Donnell and states that “classic studies of leadership have demonstrated that managers
who conform to the tenets of one leadership theory or another, versus none at all, achieve more in their own eyes and those of their workers” (as cited in Fisher, 2009, 347).

Although her frame of reference is not specific to child protection, but more the broader field of social work, she raises some interesting observations. She describes how leadership is required so that staff employed within social work organizations can be supported and inspired to be creative and innovative. She concludes that although the management theories she reviewed have been confirmed to be effective in the business world, “more application and testing in the social work field needs to occur” (365). She argues that since managers are more effective if they are leading from a theory base, it is important that managers receive the training and education that provides them with a theoretical model of leadership.

Morrison (2010), an independent child welfare trainer and consultant in the United Kingdom puts forward an interesting argument that managers within child protection need to have more opportunities for training. He outlines that often as a result of tragedy within child protection, such as the death of a child, outside pressures push the leadership within the organizations to focus on creating more rules, quick solutions and a compliance based system in order to avoid blame. He concludes that what should be taking place is using this kind of opportunity to focus on improving the system by analyzing practice, and improving knowledge and skills. He clearly identifies that reflection and training needs to happen, not only at the frontline level, but also at the management and senior management level.

A large number of the articles relating to the nursing field focus on the importance of leadership training and models of leadership (Cathcart, Greenspan, & Quin, 2010; Cummings, et al., 2008; Curtis, de Vries, & Sheerin, 2011; Gottlieb, Gottlieb, & Shamian, 2012; Jackson, Clements, Averill, & Zimbro, 2009; MacPhee, Skelton-Green, Bouthillette, & Suryaprapak
2012; Paterson, Henderson, & Trivella, 2010). MacPhee, Skelton-Green, Bouthillette, & Suryaprakash (2012) in their article identify that the development of nursing leadership is something that is internationally recognized. It is seen as being of critical importance for nurses to take leadership roles in order to direct the future of health care (160). The authors completed a research study of the program delivered through the Nursing Leadership Institute (NLI). This program “uses a theoretical empowerment framework to connect empowerment strategies to practice. The program was designed to stimulate change in participant leader behaviors, attitudes and values, using an evidence-based empowerment framework” (161). Their study revealed that nurse leaders reported “increased self-confidence with respect to carrying out their roles and responsibilities; positive changes in their leadership styles; and perceptions of staff recognition of positive stylistic changes” (159). They make a critical observation that “effective leadership depends on effective leadership development” (MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012, p. 168)

Curtis, de Vries, & Sheerin (2011) confirm that effective leadership does not just happen. It is not simply the result of a nurse being promoted and taking on a leadership position. In order for leadership to be effective they argue that the individual must first have knowledge about leadership and then must be able to apply that knowledge to the areas they are working in. The argument for the need for increased leadership training is also summed up well by Paterson, Henderson, & Trivella (2010), when they identify that there is an “apparent assumption that being a ‘good’ nurse naturally translates to being an effective leader” (78).

The answer, according to Curtis, de Vries, & Sheerin (2011) that can potentially help bridge the gap between being a good nurse and being an effective leader is formal leadership training. In their article they review nursing leadership development programs in the United
Kingdom, Canada, United States, Ireland, and Sweden. As a result of their exploratory review they identify that the training nurses receive in their degree programs does not adequately prepare them for leadership roles. They conclude that leadership is an important part of nursing practice and that the literature provides evidence that if leadership is effectively taught, it does have a positive impact. They end the article by challenging health organizations and academic institutions to ensure that leadership development is a part of university curriculums and also part of an organization’s professional staff development programs (309).

The use of formal mentoring was referenced within both disciplines as a method of helping develop leadership skills. For child protection three authors made reference to the importance of mentoring leaders (Penton, 2005; Wilson & Tilse, 2006). Referencing reports completed by the Ontario Association of Children’s Aid society, Penton (2005) states that in Ontario the mentoring that is occurring is “predominantly unstructured, casual and uncoordinated” (45). She concludes that “the literature does support that formal mentoring programs are successful in building leadership and other technical and organizational political skills”, but she also identifies that there are significant barriers to this happening within organizations. These barriers include not having, clear role descriptions, a framework to evaluate and monitor, and clear objectives of the mentoring program (76). She asserts that in order to address these barriers child protection agencies would need to commit a significant amount of human and financial resources in order for mentoring to be effective.

Wilson & Tilse (2006), in their article *Mentoring the Statutory Child Protection Manager—A Strategy for Promoting Proactive, Outcome Focused Management*, describe a study showing how mentoring sessions were used as part of a management development model in Australia. They argue that:
Few child protection managers come to their roles with the management knowledge, skills and training to prepare them for the challenge of frontline child protection management. Without ongoing developmental support, it is likely that many will struggle, a number will leave their organizations, and critical child protection outcomes, such as increased child safety and wellbeing, will not be achieved. (177)

They report on a 10-month program that was developed in order to support managers in moving to an outcome-focused approach. They describe that the participants experienced the “significant benefits of mentoring, with many experiencing fundamental shifts in their management approach” (178). Although largely related to a management perspective, this study makes the connection that child protection managers need to have an increased knowledge and understanding of how their management styles affect, not only the staff they manage, but also the clients those staff serve. It lays the foundation to use mentoring as a tool for increasing management skills aimed at achieving outcomes and knowledge, and it can be also be applied to learning leadership skills and knowledge.

Within the nursing literature there were numerous authors that specifically mentioned the importance of mentors in developing and supporting effective leaders (Cummings, et al., 2008; Curtis, Sheerin, & de Vries, 2011; MacPhee, Skelton-Green, Bouthilette, & Suryaprakash; Maltais & Crupi, 2012; McGuire & Kennerly, 2006; Paterson, Henderson, & Trivella, 2010). Maltais & Crupi (2012) reference the research completed in 2006 by the Canadian Health Services Research Foundation which identified that one of the keys to responding to the issue of a lack of nurses was supporting leadership and professional development through mentoring (5).
An example of a formal program involving mentoring is referenced by MacPhee, Skelton-Green, Bouthillette, & Suryaprakash (2012) and Maltais & Crupi (2012). Both articles describe a program offered through the University of British Columbia that is focused on leadership development, primarily for nurses who are new to leadership roles. One of the key components of the program is that participants are formally connected with mentors, and over the course of a year they work on a project that is directly related to the organization that the participant is a part of. The mentors are from either senior or executive management levels of the organization and make a commitment to, not only assist with the assigned project, but also being involved with the participant’s leadership development over the course of the year. Feedback from participants has been positive and one participant is quoted as saying: “I’m excited that someone would make the time to be a mentor as I don’t have senior nurses in my area. For me it’s about respecting leadership and getting the guidance to not make as many mistakes” (Maltais & Crupi, 2012, p. 6). The key learning then from this theme is the importance of using a relationship based approach to assist individuals in leadership and management development.

Another dimension that became evident throughout the nursing literature, in regards to formal training and education, was the importance for leaders to reflect on their individual strengths and weaknesses, their impact on others, and their learning from past experiences (Cathcart, Greenspan, & Quin, 2010; MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012, p. 167; O’Neil & Morjikian, 2003, p. 175; Paterson, Henderson, & Trivella, 2010; Smith M. A., 2011, p. 48). O’Neil & Morjikian (2003), describing the Robert Wood Johnson Foundation Executive Nurse Fellows Program, state that one of the key components of the leadership program is for nursing participants to gain competency in the area of self-knowledge.
This involves gaining the “ability to understand and develop the self in the context of organizational challenges, interpersonal demands, and individual motivation” (174). A key component of this is for participants to complete a self-assessment that is used as a guide for a leadership development plan within the program. The assessment is a strength based assessment that is tailored to meet the needs and challenges that they are facing within the organization that they are working in. The belief is that if participants of the program are “armed with self-knowledge, leaders will do a much better job of assembling a leadership team that complements, not duplicates, their skill sets” (176).

Cathcart et al. (2010), in the article *The Making of a Nurse Manager: The role of Experiential Learning in Leadership Development*, describe the results of a narrative project done at the Bringham and Women’s hospital in Boston. They gathered research based data from nurse manager’s first person narratives of their personal practice, reflecting on their “lived experience” in their role as a nurse manager providing leadership (442). The study was based on 32 nurse managers attending eight weekly seminars over a two year period. The seminars were facilitated by a consultant and programme coordinator. The group session involved each of the managers, reading a narrative account of his or her management practice in order to allow the peer group to provide observations and feedback. As a result of this process the group was able to discuss the experience and dialogue about the “practical knowledge, human relationships and ethical comportment” (442) contained within the story. This allowed the story teller to focus and reflect on his or her work and also allowed further insights from the group members. The authors conclude that positive narrative accounts can be critical in providing concrete learning examples. It allows the individual and others to reflect and relive the experience in order to fully understand how what they did made a difference and how it has impacted others. The managers
in the study reported that “their reflection of lived experience was a more powerful way to learn how to inhabit the role than striving to achieve predetermined role competencies or being evaluated by others” (447).

**Leadership styles and the impact on outcomes.**

In reviewing the data an interesting, unexpected theme was discovered. In both disciplines reference was made to the impact of leadership styles on client and patient outcomes. This theme came out the strongest in the field of nursing leadership (Cummings, The Call for Leadership to Influence Patient Outcomes, 2011; Maltais & Crupi, 2012; Paterson, Henderson, & Trivella, 2010). Paterson, Henderson, & Trivella (2010) identify this connection between leadership and positive patient outcomes, and outline that it is based on a leadership style that creates an environment that promotes commitment of the nurses to the goals of the organization, improves job satisfaction and provides an environment that promotes ongoing professional development. Maltais & Crupi (2012) also identify research that has been completed on leadership development programs that showed that those that involved an interactive process, allowed for an increase in self-awareness and improved communication skills had a positive impact on patient care. Cummings (2011), in the article *The Call for Leadership to Influence Patient Outcomes* refers to literature that revealed that relational styles of leadership, such as transformational leadership, “were associated with better patient outcomes in terms of reduced adverse events, complications and mortality and increased patient satisfaction” (22). Cummings also references the research that she was involved with that looked at the connection between nursing leadership styles and mortality rates. Her research concluded that:

After controlling for the majority of factors that influence patient mortality – patient demographics, co-morbidities and institutional and hospital nursing factors
– the relative contribution of nursing leadership styles to 30-day mortality was 5.15%. High-resonant leadership styles were significantly associated with 26% lower odds of mortality when compared with the mixed leadership group as reference. These results point to the possible contribution, both positive and negative, of hospital nursing leadership styles to patient mortality. (as cited in Cummings, The Call for Leadership to Influence Patient Outcomes, 2011, p. 24).

She argues that even though “leadership science is often seen as the softer side of the health sciences”, there is enough research that demonstrates a strong connection between leadership styles and patient outcomes, and therefore more research needs to be completed (24).

In the child protection literature reviewed, three authors made reference to the need for more research that looked at how managers and supervisors impact client outcomes (Penton, 2005; Wells, 2006; Wilson & Tilse, 2006). Wells (2006) argues that “there is virtually no empirical evidence about how child welfare agency management affects children’s outcomes over time” (1181).

Wilson & Tilse (2006) identify that although within social work there has been research completed regarding outcomes and the relationship between workers and clients, there is still a need for research that identifies:

. . . the role that middle managers can play in creating environments that promote and support service activities that enhance client outcomes. Social work research needs to explore more carefully the link between client outcomes and the role of the manager in various service contexts. (186)

This connection between leadership styles and client outcomes is a critical area that needs to be researched further. The encouraging aspect is that researchers like
Penton (2005), Wells (2006) and Wilson & Tilse (2006) have already identified this need. This project also helps provide evidence by showing how nursing has already made the connection between leadership styles better patient outcomes, and has taken steps to educate those in leadership positions.

**Transformational Leadership**

The most dominant theme within the nursing literature was the positive impact that leadership from a transformational paradigm had on retaining nursing staff and creating positive working environments (McGuire & Kennerly, 2006; Smith M. A., 2011; Smith, Buttigieg, Morris-Thompson, & Marks-Marlan, 2012; Thyer, 2003; Welford, 2002). For example the comparison of titles (Appendix E) demonstrates that, predominately the nursing material gathered for this project, included the term ‘leadership’ in the title. Three of the articles had the word ‘transformational,’ in the title giving a clear indication of being involved in making changes to individuals, and organizations. The dictionary definition of the word transform describes it as “to change in composition or structure . . . to change the outward form or appearance . . . to change in character or condition” (transform, 2012). The word transform brings out images of building on what is already present and improving on what is already in place.

Cummings et al. (2010), after reviewing the impact that leadership training and development had on nurses referenced that:

Investing in leadership development by healthcare organizations is important as nine of nine studies showed a significant increase in transformational/relational leadership practices by participants up to 12 months after the program. In our results, nurses who reported characteristics of relationally focused leadership also
reported enhanced teamwork between physicians and nurses, workgroup collaboration, and empowerment – all of which are important features of quality nursing work environments” (380)

In a study completed by McGuire & Kennerly (2006) they looked at the relationship between the leadership styles of nurses in management positions and how committed the nurses that reported to them where to the organization. The results revealed that nurse managers using a transformational style of leadership resulted in having staff that had a higher commitment to them as leaders. Cummings et al. (2010) also completed a systematic review of the relationship between leadership styles and how that impacted nursing staff and the environments they work in. The authors reviewed 10 electronic databases looking for quantitative research that looked at leadership behavior and the outcomes that had on nurses. After screening 34,664 titles and abstracts, a total of 53 studies were reviewed using content analysis. Their results indicated that there was a strong connection between a transformational style of leadership and job satisfaction, in comparison to a task focused leadership style that resulted in nurses having lower job satisfaction.

A systematic review of literature related to a nurse’s intentions to stay in the field, as it relates to the practices of nurse managers was completed by Cowden, Cummings, & Profetto-McGrath (2011). Their thesis was that understanding how leadership practices impact a nurse’s intent to stay is important in order to maintain current employees. The research involved a review of six electronic data bases using keywords such as: leadership, intent to stay, intent to leave and organizational commitment. Over 30,000 abstracts and titles were obtained and 148 were reviewed. After using a screening process, 23 articles were retained and included in the study based on information related to leadership and staff nurses’ intention to stay. The research
supports that there is a positive relationship between “transformational leadership, supportive work environments and staff nurses’ intent to remain in their current position” (472). According to the authors, relational leadership styles are one way of ensuring that nurses remain at their jobs and is critical in dealing with the global shortage of nurses.

As a response to what Smith M. A. (2011) sees as the “continually meta-morphic nature” of the health care system in the United States, she advocates for the need for nurse managers to understand and practice from a transformational leadership paradigm (44). Her argument is that leadership from a transformational perspective will allow nursing managers to be confident in dealing with the development of health care policies, technology changes and be able to provide effective mentorship to new graduate nurses. She builds this argument based on the work of James McGregor Burns who developed the theory in 1978. She provides a list of the characteristics (Figure 1.) and highlights several key descriptors of a transformational leader: someone that communicates effectively, is inspiring, trustworthy and supports teamwork (46).

| Charismatic | Positive |
| Engaging    | Team orientated |
| Inspirational | Effective communicator |
| Stable      | Empowering |
| Optimistic  | Reliable |
| Encouraging | Trustworthy |
| Honest      | Empathetic |
| Motivational | Mentor |
| Respectful  |         |
| Visionary   |         |

Figure 1. Characteristics of a transformational leader. Reprinted from Are You a Transformational Leader? (p. 47) by M. A Smith 2011, Nursing Management, 42(9), p. 47. Copyright 2011 by Lippincott Williams & Wilkins. Reprinted with permission. Permission conveyed through Copyright Clearance Center, Inc.
Fisher (2009) identifies that, although the study of transformational leadership within social service literature is not extensive, it is congruent with the values of social work practice, as the style is based on the importance of relationship building and empowerment. She outlines that “transformational leadership goes beyond the idea that workers are motivated by rewards and punishments by considering other motivators for effective performance” (362). She also references the work of Bass (1985) and “the four I’s of transformational leadership [which] include idealized influence, intellectual stimulation, individual consideration, and inspirational motivation” (as cited in Fisher E. A., 2009, p. 362). Fisher also identifies the importance, within social work, to understand systems and the impacts they have on, not only clients, but employees as well (363). She outlines that a transformational leadership style “recognizes organizations as systems and understands that leaders cannot be studied or considered independent of their organizations” (363).

McGuire & Kennerly (2006) provide a useful chart that compares transformational leadership with transactional and laissez-faire leadership and the impact they have on employees and the organization. In Figure 2. they compare these two leadership styles with a transformational leadership approach and detail the behaviors leaders would demonstrate and the impact on the employee and the organization. This chart articulates what has taken place within the discipline of nursing as a result of a focus on leadership education training, and mentoring, and as a result the positive impact on employees and patients based on this leadership style.
This leadership style also has a significant application to the world of child protection. In child protection it is so easy to focus on a transactional approach to leadership, which values the completion of tasks, compliance and adherence to policies and process, instead of valuing relationships. This results in an environment in which staff, although they complete their jobs, they do not have a strong commitment to the leader or the organization.

**SUMMARY**

Over the past 20 years the field of nursing leadership has made significant gains. The profession was previously constrained within a medical model that could be seen as hierarchical, transactional and bureaucratic (Thyer, 2003; Paterson, Henderson, & Trivella, 2010).
has now moved to one that can demonstrate, through research, how leadership can have positive outcomes for staff in regards to retention, creating a supportive work culture and also creating positive outcomes for the patients they serve (Cummings, The Call for Leadership to Influence Patient Outcomes, 2011; Curtis, de Vries, & Sheerin, 2011). Clearly the discipline of nursing has answered the challenge Mahoney made in 2001, when he described that if nurses wanted their voices heard they needed to ensure they were developing their leadership skills and also moving into leadership positions (as cited in Curtis, Sheerin, & de Vries, 2011). As a result of focusing on leadership there is clear evidence to demonstrate the positive outcomes for employees and patients. This happens when leaders practice from a theory base such as transformational leadership and are provided with educational and training opportunities. It also needs to include formal mentoring, and staff need to be shown the importance of personal and professional reflection.

The call for practitioners within child protection to step forward and move towards systemic change through leadership has been identified by leaders within the field (Connolly & Smith, 2010; Golden, 2009; Schneider, Crow, & Burtnett, 2001). As evidenced in nursing, this is a critical first step. The second step requires child protection managers, educational institutions, and child protection organizations to recognize the importance of leadership practice from a theory base and the development of leadership training and education. It also creates the need for the identification of a leadership theory that could be adapted and adopted within child protection. The nursing literature has revealed a potential applicable theory.
Adaptable Leadership Model for Child Protection

Jackson, Clements, Averill, & Zimbro (2009) in the article *Patterns of Knowing: Proposing A Theory for Nursing Leadership* describe a theory that builds and expands on the traditional transformational leadership theory. They refer to this theory as the Nursing Leadership Knowing Model (N.L.K.). They acknowledge that transformational leadership is used within many disciplines but they argue that it is not a holistic enough theory for the field of nursing. Instead they propose that N.L.K. is:

... specifically applicable to nurses and will holistically, and comprehensively, address and support both the science and art of this honored profession.

Underlying this science and art is the knowledge base from which nurses develop their practice, including their leadership principles. (Jackson, Clements, Averill, & Zimbro, 2009, p. 150)

In describing this holistic approach they make the argument that nursing leadership theory cannot be based solely on empirical and evidence-based practice, but must also be “grounded in the realities of the nursing experience” (149).

N.L.K. approaches leadership from an emancipatory, transforming approach that expands on transformational leadership theory by taking into account the empirical, aesthetic, personal, ethical and sociopolitical dimensions of leadership (Figure 3).
They believe nurse leaders operating from this theory would enable themselves to “address and impact the myriad issues confronting managers and administrators within the turbulent health care industry, with the ultimate goals of quality comprehensive patient care and improved employee satisfaction” (149). Of interest to note is the comment that the authors make in regard to nursing being a unique profession because it involves “multidimensional assessment/intervention, interpersonal communication, case management, and resource-linking on behalf of patients. . . . . nursing is a multi-faceted science and art” (150).

What has been demonstrated throughout this comparative study is that nursing and child protection have many similar characteristics and that nurses are not alone in providing supports and services that involve multidimensional assessments/interventions, interpersonal communication, case management and linking families with resources. The particular strong
point of this model is how they have encompassed transformational leadership theory and have expanded the theory to include the dynamics of politics, individual reflection and outcomes, all of which came out in the themes gathered from the nursing and child protection literature that was reviewed for this project. The authors explain that the key drivers for using “the patterns of knowing nursing leadership theory is they include both the visionary qualities of transformational leadership and objective data of evidence-based practice and they incorporate the additional patterns which are so vital to holistic leadership” (157).

The model is based on seven leadership dynamics as identified in Fig 3 and are summarized below with connections to the data reviewed in this project:

Empirics relates to the research and factual information that has been gathered and proven regarding nursing and nursing leadership. This ties into the reference that Barr & Dowding (2012) emphasize, and that is the importance of leadership theory and their position that “leadership is both an art and a science” (11). It is the focus on continuing to research leadership and the effect different leadership styles have on staff and patients. It has been shown that this is an area that the discipline of child protection needs to explore further.

Aesthetics is related to the connection between the values and ethics of nursing, which is based on nurses having empathy for their patients. The leadership learning is that those in leadership positions must demonstrate that same empathy in the interactions they have with their staff. A leader’s professional and personal ethics and values emphasize to their staff how they should work with their patients. It is this genuine and individual approach to each staff member which becomes a key factor in nurses being committed to their leaders and the organizations in which they work.
Personal Knowing involves the dynamic of self-reflection, being open to listening and making changes as a result of the feedback from others. It has the potential to create an environment in which employees feel confident that their leader is trustworthy, willing to learn and is authentic. This was strongly demonstrated in the literature reviewed for this project, and the focus on the importance of individual reflection being a key component of strong and effective leadership.

Ethical Leadership relates to the values and ethics of the nursing profession and applies not only to the patients that they serve, but also demonstrates the need for leaders to model those values and ethics with their employees. The same is true within child protection, it is vital for leaders to demonstrate the key values and ethics of the profession.

Sociopolitical Knowing is being able to articulate and understand the impacts that financial, political, organizational, societal and cultural dimensions have on them and their staff. This is necessary in order for nursing leadership to make and change policies, supports and services, so that patients are served in an effective manner. For child protection this must also involve being able to acknowledge the role that politicians, the public and the media play in creating an environment that creates organizational and individual anxiety. Once acknowledged the key is to become proactive in showing the positives that can occur within child protection when leaders focus on: innovation, development, inspiration and challenging the status quo, instead of just accepting it. It is a way of acknowledging that there are pressures and stressors unique to child protection, and instead of just being reactive, involves setting a future state goal and continuing to focus on that goal even in the turbulent times.

Unknowing Leadership is the state of leaders when they demonstrate that they are aware that they do not have all the answers, and that their decisions are impacted by their personal
values, assumptions, beliefs and prejudices. This is characterized by a demonstrated willingness and ability to listen, act with flexibility and humility, and be a change leader. This is summarized by the statement that:

When nursing leaders recognize they do not know all the answers, when they are open to the input and feedback from nursing staff, when they listen to the concerns and plan change accordingly, they are honoring the intent of the unknowing dimension of leadership. . . . As nurse leaders maintain their receptivity, it allows them to continue in their personal and professional growth. If they remain in an all-knowing state of mind, the results can be stagnation, complacency, and constraining judgment. Unknowing allows both the leader and the nurse the freedom to shed new light on the dawn of each day. (154)

Emancipatory Knowing involves leaders having the vision and being willing to challenge the systems and organizations they work in, in order to make positive changes. It involves:

Key strategies . . . aimed at raising awareness of unfair and perhaps unethical situations, collectively reflecting on the meaning of such things, and deciding to transform the situation. As with the other patterns, introducing and infusing the emancipatory way of thinking/ knowing may take months or years. Nurse leaders with a vision of the future of health care systems may find this pattern especially valuable. (154)

This comprehensive leadership theory is an excellent model that could be adapted to the child protection field. As described it is a holistic approach to leadership and encompasses all the dynamics that make child protection a challenging and complex field to lead in.
Conclusion

The literature has demonstrated that the shift and focus on leadership within nursing has evolved significantly over the past 20 years. Focusing on leadership is not a quick fix, but clearly the nursing field has demonstrated in the last five years, how significantly things have changed for the positive. Nursing, in regards to retention and positive work environments and positive patient outcomes and has begun to demonstrate how leadership plays a key role. The imperative then becomes to issue the same challenge to the field of child protection. Those in leadership and management positions need to hear the challenge and take the opportunity to be a part of a positive change within child protection.

Anderson (2000) makes the statement that “language both gives a voice and takes it away” (13). The nursing leadership literature reveals that the voices of nurses have become louder and stronger over the past twenty years as the field has focused on strengthening its leadership. In comparison in the literature reviewed in child protection the voices of leadership, although not totally absent, are subdued. Other voices such as anxiety, as a result of the public, media, politicians and management pressures, come across stronger and clearer. Now is the time for managers within child protection to look forward to a new preferred future state. They need to begin the journey of creating a system, through focusing on leadership, that will result in increased staff retention and ultimately increased positive outcomes for the children, youth and families they serve.

Appendix A

Nursing and Social Work Code of Ethics Comparison

Code of Ethics Comparison

Leading in a Challenging/Complex Environment

Nursing Values
- Preserving dignity
- Promoting health and well-being
- Promoting justice
- Maintaining privacy and confidentiality
- Promoting and respecting informed decision-making
- Being accountable
- Providing safe, compassionate, competent and ethical care

Core Social Work Values and Principles
- Respect for Inherent Dignity and Worth of Persons
- Pursuit of Social Justice
- Service to Humanity

Integrity of Professional Practice

Confidentiality in Professional Practice

Competence in Professional Practice

Preserving dignity

Promoting health and well-being

Promoting justice

Maintaining privacy and confidentiality

Pursuing Social Justice

Providing safe, compassionate, competent and ethical care

(Canadian Association of Social Workers, 2005, p. 4)

(Canadian Nurses Association, 2008, p. 3)
Appendix B

Final Data Gathering Map

Leading in a Challenging Environment

2 - Books

Google Search term 'Leadership in Child Protection'

3 - Articles

Google Search term 'Leadership in Nursing'

1 - Blog
4 - Articles
1 - Masters Project
1 - Guide

Academic Search Complete Database
Search term 'Leadership in Child Protection'

12 - Articles

Academic Search Complete and SAGE Communication Studies
Search term 'Leadership in Nursing'

Articles and Books gleaned from review of bibliographies

0 - items

Articles and Books gleaned from review of bibliographies

6 – Articles

None found

Google Scholar Search Term 'Leadership in Child Protection'

10 - Articles

Google Scholar Search Term 'Leadership in Nursing'

21 – Articles
1 – Study
6 – University course outlines
Appendix C

Final Data Selection

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<td>2010. Educating for Leadership: A Programme Designed to Build a Responsive Health Care Culture</td>
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<td>Smith, M. A.</td>
<td>2011. Are You a Transformational Leader?</td>
<td>Final Data Selection</td>
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<td>Maltz, N. &amp; Emig, A.</td>
<td>2012. The Past, Present and Future of Nursing Leadership</td>
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<td>McGuire, E., &amp; Kennedy, S.</td>
<td>2006. Nurse Managers as Transformational and Transactional Leaders</td>
<td>Final Data Selection</td>
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<tr>
<td>Munden, N.</td>
<td>2002. Evolution of Leadership in Nursing</td>
<td>Final Data Selection</td>
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<tr>
<td>Alekstotke, R., &amp; Scortinmon, E.</td>
<td>2016. The State of the Science of Emotional Intelligence Related to Nursing Leadership: An Integrative Review</td>
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<td>Barr, J., &amp; Dowling, L.</td>
<td>2012. Leadership Health Care (2nd ed.)</td>
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<td>Cathcart, E. B., Greenough, M., &amp; Quinn, M.</td>
<td>2010. The Making of a Nurse Manager: The role of Experiential Learning in Leadership Development</td>
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<td>Cummings, G.</td>
<td>2011. The Call for Leadership to Influence Patient Outcomes</td>
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<tr>
<td>Cummings, G., MacGregor, T., Davey, M., &amp; Wong, C.</td>
<td>2010. Leadership Styles and Outcome Patterns for the Nursing Workforce and Work Environment: A Systematic Review</td>
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Appendix D

Theme Map
Appendix E

Title Review

Leading in a Complex Environment


Twyer, G. (2003). Dare to be Different: Transformational Leadership May Hold the Key to Reducing the Nursing Shortage.


Smith, M. A. (2011). Are You a Transformational Leader?

Hurt, I., & Dowding, L. (2012). Leadership in Health Care (2nd ed.).


Smith, M. A. (2011). Are You a Transformational Leader?

Hurt, I., & Dowding, L. (2012). Leadership in Health Care (2nd ed.).


Smith, M. A. (2011). Are You a Transformational Leader?

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