Hewett, D. (2007). What it takes to be a leader.
http://www.modernmedicine.com/modernmedicine/Nursing/What-it-takes-to-be-a-leader/ArticleStandard/Article/detail/425319

Duffield, C., Roche, M., Blay, N., & Stasa, H. (2011). Nursing unit managers, staff retention and the work environment. Journal Of Clinical Nursing, 20(1/2), 23-33. doi:10.1111/j.1365-2702.2010.03478.x
Aim and objective.   This paper examined the impact of leadership characteristics of nursing unit managers, as perceived by staff nurses, on staff satisfaction and retention. Background.   A positive work environment will increase levels of job satisfaction and staff retention. Nurse leaders play a critical role in creating a positive work environment. Important leadership characteristics of the front-line nurse manager include visibility, accessibility, consultation, recognition and support. Design.   Secondary analysis of data collected on 94 randomly selected wards in 21 public hospitals across two Australian states between 2004–2006. Methods.   All nurses (n = 2488, 80•3% response rate) on the selected wards were asked to complete a survey that included the 49-item Nursing Work Index-Revised [NWI-R] together with measures of job satisfaction, satisfaction with nursing and intention to leave. Subscales of the NWI-R were calculated. Leadership, the domain of interest, consisted of 12 items. Wards were divided into those reporting either positive or negative leadership. Data were analysed at the nurse level using spss version 16. Results.   A nursing manager who was perceived to be a good leader, was visible, consulted with staff, provided praise and recognition and where flexible work schedules were available was found to distinguish the positive and negative wards. However, for a ward to be rated as positive overall, nurse leaders need to perform well on all the leadership items. Conclusion.   An effective nursing unit manager who consults with staff and provides positive feedback and who is rated highly on a broad range of leadership items is instrumental in increasing job satisfaction and satisfaction with nursing. Relevance to clinical practice.   Good nurse managers play an important role in staff retention and satisfaction. Improved retention will lead to savings for the organisation, which may be allocated to activities such as training and mentorship to assist nurse leaders in developing these critical leadership skills. Strategies also need to be put in place to ensure that nurse leaders receive adequate organisational support from nursing executives.

Mortlock, S. (2011). A framework to develop leadership potential. Nursing Management - UK, 18(7), 29-32.
Leadership has been acknowledged as central to the development and delivery of health care. This article describes the NHS leadership framework which was launched by the NHS Institute for Innovation this year to enable all staff in any setting to understand their progression as leaders and support the NHS to foster and develop talent. It consists of a series of published documents and online tools for individuals and organisations, which set out the expectations of clinical and non-clinical leaders at every level. The framework also provides guidance to those who commission leadership development. INSETS: Nursing student who took the initiative;New-found confidence to lead the team.

Omoike, O., Stratton, K., Brooks, B., Ohlson, S., & Storfjell, J. (2011). Advancing nursing leadership: a model for program implementation and measurement. Nursing Administration Quarterly, 35(4), 323-332.
Despite the abundant literature documenting the need for nurse management education and career development, only recently have professional standards been targeted for this group. Competency standards for nurse leaders repeatedly identify systems-level concepts including finance and budget, communication skills, strategic management, human resources management, change management, and computer technology skills. However, educational initiatives to meet these standards are still at the early stages and most nurse leaders continue to acquire knowledge and experience through "on-the-job" training. This article will illustrate the need for partnerships and collaboration between academia and hospitals to advance nursing leadership to the next century. In addition, a tool to measure the impact of a graduate certificate program in nursing administration on nurse leader competencies is presented. Overall, the certificate program has been successful in multiple ways; it has "graduated" almost 80 nurse leaders, improved participant competence in their role at the systems level, as well as providing an impetus for completion of a graduate degree post program.

Carlson, E. A., Klakovich, M., Broscious, S. K., Delack, S., Roche-Dean, M., Hittle, K., & ... Alston, P. (2011). Board Leadership Development: The Key to Effective Nursing Leadership in the 21st Century. Journal Of Continuing Education In Nursing, 42(3), 107-113. doi:10.3928/00220124-20101201-03
This article discusses the need for board leadership development of nurses. The authors provide an overview of the Sigma Theta Tau International Board Leadership Development program based on the experiences of nine Fellows who completed the program. Elements necessary for a self-developed board leadership development program are presented.Rationale is discussed as to why the Sigma Theta Tau Board Leadership Development program and future similar programs need to include the critical success factors in the development of nurses as board members. The authors discuss the variety of professional and personal benefits of a program of this importance.

Kling, V. (2010). Clinical Leadership Project. Journal Of Nursing Education, 49(11), 640-643. doi:10.3928/01484834-20100831-02
Nurse educators seek innovative strategies to maximize student learning in the classroom and clinical settings. Students enrolled in a nursing leadership and management course often find they spend more clinical time observing leaders than practicing the necessary skills to lead others in the provision of nursing care. In addition, opportunities to explore the nurse educator role often do not exist in baccalaureate nursing education, despite the shortage of nurse educators. An experience was developed in a baccalaureate nursing program to give senior students, under supervision of faculty, the opportunity to lead and evaluate lower-level students providing patient care in the clinical setting and to experience the role of nursing faculty. Feedback from senior students was positive, and students noted increased proficiency in leadership ability and critical thinking. Student interest in the nurse educator role was also enhanced. Program expansion and evaluation with faculty, clinical staff, and patients are planned.

Curtis, E. A., de Vries, ,., & Sheerin, F. K. (2011). Developing leadership in nursing: exploring core factors.British Journal Of Nursing (BJN), 20(5), 306-309.
This article provides an introduction to the issue of nursing leadership, addressing definitions and theories underpinning leadership, factors that enhance leadership in nursing, and the nature of leadership content taught in undergraduate programmes. Highlighted are differences between leadership and management, and the notion that leadership can be 'learned'. The authors also point out that there is a discrepancy between how leading undergraduate nursing programmes prepare students primarily in the transition of education to practice, and the suggestion from a number of nursing publications that leadership in nurses should be fostered throughout their education.

Curtis, E. A., Sheerin, F. K., & de Vries, ,. (2011). Developing leadership in nursing: the impact of education and training. British Journal Of Nursing (BJN), 20(6), 344-352.
This is the second of two articles on developing leadership in nursing; this article explores the role and impact of training and education on nursing leadership. Nursing leadership education has been identified as much needed, and can be provided by universities (at Masters, diploma and certificate levels), healthcare organizationsor hospitals. Research demonstrates that where leadership has been effectively taught and integrated into nursing, it has a positive impact on nurses' leadership skills and practice. It is suggested that healthcare organizations continue to develop and support leadership training, while also seeking ways of maintaining and promoting leadership development in practice.

Dyess, S., & Sherman, R. (2011). Developing the leadership skills of new graduates to influence practice environments: a novice nurse leadership program. Nursing Administration Quarterly, 35(4), 313-322.
The authors of the recently published Institute of Medicine on the Future of Nursing report emphasized the importance of preparing nurses to lead change to advance health care in the United States. Other scholars linked practice environments to safe quality care. In order for nurses to fully actualize this role in practice environments, they need to possess leadership skills sets that identify and respond to challenges faced. New nurses are no exception. This article presents a program with a 5-year track record that is designed to support transition and enhance the skill sets of leadership for new nurses in their first year of practice. Qualitative and quantitative evaluation measurements at baseline and postprogram provided data for evaluation of the first 4 cohorts in the program. Evaluative outcomes presented indicate that new nurses gained leadership and translational research skills that contributed to their ability to influence practice environments. Nonetheless, practice environments continue to need improvement and ongoing leadership from all levels of nursing must be upheld.

Solman, A. (2010). Director of nursing and midwifery leadership: informed through the lens of critical social science. Journal Of Nursing Management, 18(4), 472-476. doi:10.1111/j.1365-2834.2010.01096.xAims Highlight the use of critical social science theories, practice development principles and a situational leadership framework within transformational leadership to inform Directors of Nursing and Midwifery (DoNM) practices as

leaders.Background Healthcare is constantly changing, unpredictable, strives for quality service and cost containment, which can result in stress and crisis for healthcare workers. DoNM leadership is critical to supporting and leading staff through these complex times within healthcare. Key issues Understanding theories, frameworks and their application to real-world practice can assist in supporting individuals and teams to navigate through the changing healthcare environment.Conclusion Blending critical social science theories with practice development principles and the situational leadership framework can assist the DoNM to enact transformational leadership to support the development of individuals and teams to meet the complex healthcare needs of patients within the clinical setting. Implications for nurse management This article contributes through the practical application of critical social science theories, practice development principles and situational leadership framework within transformational leadership as an approach for enacting DoNM leadership. To further understand and develop in the role of the contemporary DoNM in leadership, these directors are encouraged to publish their work.

Stanley, D., & Sherratt, A. (2010). Lamp light on leadership: clinical leadership and Florence Nightingale.Journal Of Nursing Management, 18(2), 115-121. doi:10.1111/j.1365-2834.2010.01051.x
Aims The purpose of the present study was to use the example of Florence Nightingales' nursing experience to highlight the differences between nursing leadership and clinical leadership with a focus on Miss Nightingales' clinical leadership attributes. Background 2010 marks the centenary of the death of Florence Nightingale. As this significant date approaches this paper reflects on her contribution to nursing in relation to more recent insights into clinical leadership.Evaluation Literature has been used to explore issues related to nursing leadership, clinical leadership and the life and characteristics of Florence Nightingale. Key issues There are a few parts of Florence's character which fit the profile of a clinical leader. However, Miss Nightingale was not a clinical leader she was a powerful and successful role model for the academic, political and managerial domains of nursing. Conclusion There are other ways to lead and other types of leaders and leadership that nursing and the health service needs to foster, discover and recognize. Implications for nursing management Clinical leaders should be celebrated and recognized in their own right. Both clinical leaders and nursing leaders are important and need to work collaboratively to enhance patient care and to positively enhance the profession of nursing.

Richardson, A., & Storr, J. (2010). Patient safety: a literative review on the impact of nursing empowerment, leadership and collaboration [corrected] [published erratum appears in INT NURS REV 2010 Mar;57(1):158]. International Nursing Review, 57(1), 12-21. doi:10.1111/j.1466-
Background: Nurses are ideally placed to drive the safety and quality agenda within health care because of their unique proximity to patients. There have been some attempts to look at the links between nursing care and quality outcomes, but relatively little on the connection between nursing and patient safety. Therefore, exploring the evidence on this issue was indicated, excluding links to nurse staffing and environment. Aims: The aim of this study was to identify to what extent and in what way nursing leadership, collaboration and empowerment can have a demonstrable impact on patient safety. Methods: A search of electronic databases

was undertaken from 1998 to 2008. One thousand seven hundred eighty-eight titles and abstracts were retrieved, and the full text of 65 relevant papers was obtained and reviewed. Data extraction was undertaken if papers met the following inclusion criteria: a measure of impact from a study or audit, patient safety and nursing focused, and identified one of the following issues (leadership, advocacy, interdisciplinary working, empowerment and collaboration). Eleven papers were selected and critically reviewed. Finding:Of the 11 papers, 7 were undertaken in the USA, 2 in Canada, 1 in the UK and 1 in Iceland. Selected papers comprised of one systematic review, one cohort study, four qualitative studies, three cross-sectional studies, one survey and an evaluation. The quality of papers was variable and provided limited evidence of impact or effectiveness in terms of nurses directly influencing patient safety. Conclusion: Gaps currently exist in relation to knowledge on the extent and nature of the role of nurses in patient safety improvement. Considerable work is required before comprehensive solutions can be further developed. Huge potential exists for improvement through nursing empowerment, leadership and the development of tools to strengthen and support nurses' influential role in the quality and safety movement; therefore, the need for investment into well-designed research studies to address these gaps is obvious, required and timely.

Sandström, B., Borglin, G., Nilsson, R., & Willman, A. (2011). Promoting the Implementation of Evidence-Based Practice: A Literature Review Focusing on the Role of Nursing Leadership. Worldviews On Evidence-Based Nursing, 8(4), 212-223. doi:10.1111/j.1741-6787.2011.00216.x Objectives: Despite a growing interest in evidence-based practice (EBP), the implementation into clinical practice of knowledge derived from research has proved to be a cumbersome process. Additionally, the literature seems to present a fragmented picture with research mainly focusing on a few factors of possible importance, among which leadership appears to be one of the more important. Thus, this study aimed to systematically review the literature regarding leadership and its possible influence on the process of implementing EBP. Approach: A literature review was conducted.Electronic database searches were conducted to identify studies on leadership, administrators, managers, implementation, evidence-based and nursing. The search identified 43 potentially relevant papers, of which 36 were excluded after an appraisal was performed by two independent reviewers. Results were extracted and synthesised into a narrative text. Findings: Seven papers were included in the literature review. The findings can be divided into three major areas: (1) characteristics of the leader, (2) characteristics of the organisation and (3) characteristics of the culture.Our findings indicate that leadership is vital for the process of implementing EBP in nursing and also highlights the possible importance of the organisation and the culture in which the leader operates. These factors together with their characteristics were interpreted to be intrinsic in the creation of a nursing milieu that is open and responsive to the implementation of EBP. Conclusions: Although there seems to be scholarly agreement that leadership is a vital part of the process of implementing EBP, more rigorous research is needed concerning the possible role of the leader. Our findings also indicate that leadership cannot be studied in isolation or without being clearly defined.

Downey, M., Parslow, S., & Smart, M. (2011). The hidden treasure in nursing leadership: informal leaders.Journal Of Nursing Management, 19(4), 517-521. doi:10.1111/j.1365-2834.2011.01253.x
(2011) Journal of Nursing Management, 517-521 The goal of the present article was to generate awareness of characteristics of informal leaders in healthcare with the emphasis on nurses in acute care settings. There is limited research or literature regarding informal leaders in nursing and how they positively impact nursing management, the organization and, ultimately, patient care. Identification of nurses with leadership characteristics is important so that leadership development and mentoring can occur within the nursing profession. More than ever, nursing needs energetic, committed and dedicated leaders to meet the challenges of the healthcare climate and the nursing shortage.This requires nurse leaders to consider all avenues to ensure the ongoing profitability and viability of their healthcare facility. This paper discusses clinical nurses as informal leaders; characteristics of the informal nurse leader, the role they play, how they impact their unit and how they shape the organization. Informal nurse leaders are an underutilized asset in health care. If identified early, these nurses can be developed and empowered to impact unit performance, efficiency and environmental culture in a positive manner.

Hassmiller, S. B., & Reinhard, S. (2011). The Institute of Medicine Report on the Future of Nursing: A Legacy for Nursing Leadership. Nurse Leader, 9(6), 30-32. doi:10.1016/j.mnl.2011.09.005

Brassard, A, & Smolenski, M. (2011). Removing barriers to advanced practice registered nurse care: Hospital privileges. Insight on the Issues, Issue 55 (Sept).
Continuity of care improves when nurse practitioners (NPs) and other advanced practice registered nurses (APRNs) who take care of patients in primary care settings can follow patients admitted to the hospital. However, Federal and state laws and regulations, as well as individual hospital bylaws and policies, often block hospitalized patients' access to the provider of their choice, if that provider is an APRN. Removing these barriers reduces costs, increases consumer choice, and improves health care quality. This paper discusses barriers to hospital privileges and expands on the Institute of Medicine (IOM) report The Future of Nursing: Leading Change, Advancing Health recommendations that APRNs be eligible for hospital clinical privileges, admitting privileges, and hospital medical staff membership and also be permitted to perform hospital admission assessments—documenting medical histories and performing physical examinations.

Koury, C, Blizzrd, R, Wright Moore, L., & Hassmiller, Susan (2011). Nursing leadership from bedside to boardroom: a Gallup national survey of opinion leaders. The Journal of nursing administration 41(7-8), 299-305. Doi 10.1097/NNA.0b013e3182250a0d. PubMed ID: 21799360
The purpose of this study was to examine how nursing is viewed by the nation's decision makers and opinion leaders. : Nurses comprise the largest subgroup of the health and healthcare workforce. The public recognizes nurses' contributions, consistently ranking them highest in honesty and ethics. Yet, significant barriers remain in nurses achieving substantial leadership positions in health and healthcare delivery and policy. : The study sampled a broad

cross section of American opinion leaders in the public and private sector, academia, and trade organizations. More than 1,500 opinion leaders were interviewed by telephone interviewers. : The opinion leaders viewed government (75%) and health insurance executives (56%) as the groups most likely to exert a great deal of influence on health reform, compared with 14% for nurses. Government respondents were significantly different than all other respondents; 23% of these respondents said nurses have a great deal of influence in healthcare reform, compared with 14% of other individuals. : Although nurses are viewed as knowledgeable sources of health information, nurses are not viewed as leaders in the development of healthcare systems and delivery. The opinion leaders' survey identifies barriers to nurses assuming a greater leadership role, including management skills and knowledge.

Fealy, G., McNamara, M., & Casey, M. (2011). Barriers to clinical leadership development: findings from a national survey. Journal of clinical nursing 20 (13-14), 2023-32. DOI: 10.1111/j.1365-2702.2010.03599.x
To describe self-reported barriers to clinical leadership development among nurses and midwives in Ireland. Effective clinical leadership is essential for optimising care and improving patient outcomes. Clinical leadership development is concerned with intrapersonal and interpersonal capabilities and is context bound. Barriers to clinical leadership development among nurses and midwives are associated with interdisciplinary and organisational factors, such as lack of influence in interdisciplinary care planning and policy. A national postal survey of nurses and midwives was administered to a simple random sample of 3000 nurses and midwives in Ireland. The method of data collection was the Clinical Leadership Analysis of Need Questionnaire (CLAN-Q) Barriers Scale (CLAN-QBS), a self-administered, self-report questionnaire developed to measure the barriers to clinical leadership development. Mean scores for the CLAN-Q barriers subscales showed that barriers to clinical leadership development were perceived as lower in the dimension 'quality care factors', when compared with the dimensions 'interdisciplinary relationships, recognition and influence'. Staff and other promotional grades differed significantly in self-perceived barriers related to interdisciplinary working, influence and recognition of the disciplinary contribution. Differential experiences of barriers among higher and lower grades suggest that grade level may influence ability to negotiate work-related and organisational barriers to clinical leadership development. Overcoming the barriers to clinical leadership development requires attention to interdisciplinary relationships in the practicum and to the actual and perceived degree of relative influence that nurses and midwives have at wider departmental and organisational levels. 2011 Blackwell Publishing Ltd.

Davidson, P., Elliott, D., Daly, J. (2006). Clinical leadership in contemporary clinical practice: implications for nursing in Australia. Journal of nursing management 14(3), 180-7. DOI: 10.1111/j.1365-2934.2006.00555.x
Leadership in the clinical practice environment is important to ensure both optimal patient outcomes and successive generations of motivated and enthusiastic clinicians. The present paper seeks to define and describe clinical leadership and identify the facilitators and barriers to clinical leadership. We also describe strategies to develop clinical leaders in Australia. Key drivers to the development of nursing leaders are strategies that recognize and value clinical

expertise. These include models of care that highlight the importance of the nursing role; evidence-based practice and measurement of clinical outcomes; strategies to empower clinicians and mechanisms to ensure participation in clinical decision-making. Significant barriers to clinical leadership are organizational structures that preclude nurses from clinical decision making; the national shortage of nurses; fiscal constraints; absence of well evaluated models of care and trends towards less skilled clinicians. Systematic, strategic initiatives are required to nurture and develop clinical leaders. These strategies need to be collegial collaborations between the academic and health care sectors in order to provide a united voice for advancing the nursing profession

Ferguson-Paré, M. (2011). Perspectives on Leadership: Moving out of the Corner of our Room. Nursing Science Quarterly, 24(4), 393-396. doi:10.1177/0894318411419214
Perspectives on leadership developed through a career as a nurse leader are shared, including the author's guiding vision, a valuing of nursing as knowledge work, how to create a learning organization that supports professional practice, and other lessons learned through experience. Readers are urged to find the leadership voice within, be courageous, engage surrounding opportunities, and be guided by their vision of what nursing should be in the future.

Moore, S., Hutchinson, S. (2007). Developing leaders at every level: Accountability and empowerment actualized through shared governance. Journal of nursing administration 37(12), 564-568.
The shortage of frontline nursing staff and their managers in acute care organizations necessitates strategies to both use and recognize the unique knowledge and skills of these individuals. The authors describe one organization's successful implementation of a shared decision-making structure that promotes an empowering work environment in which professional fulfillment and personal satisfaction can flourish. With support and opportunity, leaders are developed across all levels of nursing.

Pilkington, F. (2011). A Legacy of Leadership in Nursing. Nursing Science Quarterly, 24(4), 391-392. doi:10.1177/0894318411419213
This introduces the guest author's column on perspectives on leadership developed through a career as a nurse leader. Parse's essentials of leadership: commitment to a vision, willingness to risk, and reverence for others, are noted in tributes from other leaders and followers, which point to the rich legacy of a distinguished career.

Abood, S. (January 31, 2007). "Influencing Health Care in the Legislative Arena". OJIN: The Online Journal of Issues in Nursing. Vol. 12 No. 1, Manuscript 2. DOI: 10.3912/OJIN.Vol12No01Man02
Nurses are well aware that today's health care system is in trouble and in need of change. The experiences of many nurses practicing in the real world of health care are motivating them to take on some form of an advocacy role in order to influence a change in policies, laws, or regulations that govern the larger health care system. This type of advocacy necessitates stepping beyond their own practice setting and into the less familiar world of policy and politics, a world in which many nurses do not feel prepared to operate effectively. Successful policy advocacy depends on having the power, the will, the time, and the energy, along with

the political skills needed to 'play the game' in the legislative arena. This article describes the role of the nurse as health care policy advocate, identifies the power bases available to nurses as they assume that role, discusses the policy process in the legislative arena, and presents strategies for effective action. A list of selected online resources is included to help readers learn more about shaping and influencing future health policy.

Laschinger, H.K.S., Wong, C. (2010). Nurses' Career Aspirations to Management Roles: Identifying the Next Generation of Nursing Leaders. Report for the Office of Nursing Policy. The University of Western Ontario: London, Canada.

Sieg, D. (2009). What nursing leaders know: Seven truths from top health care professionals. Reflections on nursing leadership 35(3). Accessed at http://www.reflectionsonnursingleadership.org/pages/vol35_3_sieg_nursingleaders.aspx

Sherman, R., Pross, E., (Jan. 31, 2010) "Growing Future Nurse Leaders to Build and Sustain Healthy Work Environments at the Unit Level" OJIN: The Online Journal of Issues in Nursing Vol. 15, No. 1, Manuscript 1.
There is growing evidence in the nursing literature regarding the positive impact of healthy work environments on staff satisfaction, retention, improved patient outcomes, and organizational performance. The establishment of a healthy work environment requires strong nursing leadership at all levels of the organization, but especially at the point of care or unit level where most front line staff work and patient care is delivered. Growing future nurse leaders is a long term quest. It can be challenging for today's leaders to predict what knowledge, skills, and abilities will be needed to lead in the future. This article presents a review of the literature regarding the importance of healthy work environments in healthcare organizations and the significant role of nurse leaders in building and sustaining these healthy environments. It also discusses the development of leadership skills by presenting the Nurse Manager Leadership Collaborative Learning Domain Framework, a widely used competency model for nursing leadership development that can serve as a useful resource in the development of leaders at the unit level.

Paterson, K., Henderson, A., Trivella, A. (2010). Educating for leadership: a programme designed to build a responsive health care culture. Journal of nursing management 18(1), 78-83. PMID: 20465732
AIM: To describe a leadership programme that progressively builds nurses capacity from the commencement of their employment to assist with the development of 'others'. Such an approach ultimately contributes to the creation of a team responsive to changing health care needs.
BACKGROUND: The literature supports the relationship between positive leadership attributes, good nursing care and patient outcomes. Despite this, nurses are not routinely encultured into effective leadership practices early in their career, but rather they are 'added on' at a later stage according to organizational need. KEY ISSUES: The effective education of leadership practices in this programme is largely dependent on an inclusive and embedded approach to learning. This is achieved through targeting staff early, enhancing their responses to clinical

interactions in a structured and supported approach, and challenging their beliefs about capacity to influence through leadership.

CONCLUSIONS: Clinical leadership education needs to directly link with clinical areas to engage staff at the commencement of employment, and support them through their career trajectory, so that a systematic pathway of professional development is fostered. IMPLICATIONS FOR NURSING MANAGEMENT: Clearly delineated progressive pathways for leadership development are essential to encourage lifelong reflection and learning that directly impacts on health care quality.

Salmela, S., Eriksson, K., & Fagerstrom, L. (2011). Leading change: a three-dimensional model of nurse leaders' main tasks and roles during a change process. Journal of advanced nursing 68(2), 423-33.

Aim. This paper is a report of a qualitative study which explored how nurse leaders described and understood their main tasks and roles during a change process. Background. During a database search for literature, no actual research that highlighted the main tasks and roles of nurse leaders during a change process was found. Earlier research has indicated the need for different leadership styles and the importance of strategies and values. Method. In-depth interviews with 17 nurse leaders took place in 2004. A phenomenological-hermeneutical approach was used for data analysis. Results. The findings resulted in a model of leading change in health care that focuses on good patient care and consists of three dimensions: leading relationships, leading processes and leading a culture. In addition to leading relationships and processes, nurse leaders, as role models, greatly impact caring culture and its inherent ethical behaviour, especially about the responsibility for achieving good patient care. Nurse leaders are also instrumental in leading ward culture. Conclusion. Nurse leaders need guidance and knowledge of what is expected of them during a structural change process. They play different roles by directing, guiding, motivating, supporting and communicating without losing their cultural ethos of caring and use various leadership styles to bring about actual change, which, in turn, requires learning so that the thought patterns, values and attitudes of personnel can be changed.

Valentine, S. (2002). Nursing leadership and the new nurse. Journal of undergraduate nursing scholarship.

"Nurses are in a distinct position to influence healthcare policy and legislation. We need nursing leadership to exert that influence and by nurturing both leadership as well as clinical skills, we can. The nursing profession trains new nurses on operating the latest technology and complex medical equipment. In contrast, once at the bedside they rarely get the opportunity to apply even basic leadership principles. Nursing as a profession does a disservice to new nurses by not developing their leadership capabilities."

Can't find: Cortina, 2004