Exploring Leadership and Management in Nursing

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ABSTRACT

Leadership and management have remained overlapping concepts in the minds of many. Although managers may never act as leaders, there is no management without leadership. Nurses comprise the largest workforce in health care, and leadership and management roles are fundamental aspects of formal nursing practice. Clinical and specialist teaching and learning approaches for nursing may not provide a reflective orientation to the tasks, roles, or goals of leadership and management that any nurse could face in any clinical environment. Roles for clinical leaders and managers are ripe for analysis, especially concerning the content of their actions and interactions. Nurses practice in a range of communities, in the real aspect of health care right across the continuum of need, and in all kinds of scenarios, including homes, clinics, community health centers, and hospital wards. They offer support and advice during illness and help individuals be as independent and well as possible using community resources and health care. (Health Organization, 2022)(Smiley et al.2021)

Some nurses expand their clinical function and become clinical leaders and managers. Of late, there is evidence of a bias against managers and management. Clinical leaders are thought to be closer to patients, developing and providing care. This paper is aimed at providing nurses with the opportunity to explore the challenges faced by the leaders and managers of the health care sector, dissecting extensive literature inherent in what defines a leader and a manager, and a need to investigate the power and influence leaders may yield for reference in a situational context. The paper is also aimed at aiding leadership and management education, developing nurse attributes for leadership and managerial roles, and empowering and

supporting the education reform agenda in the nursing profession for relevance. Moreover, it may be used by policy-making bodies to create strategic policies in health care practice. (Stanley et al., 2022)

KEYWORDS: nursing, leadership, management.

1. Introduction

Leadership and management in both the health care and nursing contexts can be complex issues to address. They evoke complex and multidimensional thoughts and feelings and are very personally based. Even simple definitions may not be universally accepted, and as accepted definitions may change over time, challenges to those definitions also change. This is particularly so in the context of nursing as an area with ongoing and increased scrutiny. The many changes within health care, health care delivery, and within nursing itself require adaptable leadership and management across a range of situations, domains, levels, and urgencies. Developing the skills required to meet these demands has become increasingly dominant within the nursing literature. As health care leadership and management evolve, so too will the skills demands on those called to lead and manage. (Jaureguiberry et al.2022)

As it is applicable in all fields of leadership and management, the importance and commonality of the nursing skills, roles, and value within society are acknowledged. This is mirrored within the many national accreditation criteria and work policy reform programs that seek to reflect and value leadership and management, both within the work setting and in the educational preparation of the future nurse. Just as nurses are expected to provide leadership in and across a range of roles, and across the levels of the organization, students are expected to integrate related skills into their learning experiences. They are expected to learn about the tragic aspects of life and suffering and the broader contexts of people, communities, and societies, and to address how health problems are a part of the human condition. Therefore, the outcomes for the student will reflect these bodies of knowledge they are working with. Rather than solving the problems that exist in practice, nurse educators effectively guide students in relationship building with other members of the health care team and facilitate student learning in terms of emerging needs. (Dang et al., 2021)

2. Theoretical Foundations of Leadership and Management

This chapter introduces theories, research, and conceptual frameworks that provide the foundation for understanding leadership and management. Nurses and clinicians in every health care setting – from critical care to outpatient care to long-term care – provide health for patients, families, and communities. The context of care is often complex. The mission and strategy of the organization, laws, accreditation, and finance influence the context. Competent nurses are transformational in the situation of acute or chronic illness, functional recovery, palliative care, or long-term support care. By providing healing and comfort, nursing contributes to the meaningfulness of lives and deaths. Leadership influences mission and strategy, takes care of

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employees, and assures they care well for their clients. Leaders ensure the sustainability of organizations and the society of nursing. Management is necessary to execute strategy, govern activities, give employees direction, support, and resources, and implement quality improvement and evidence-based methods for care delivery. (Todaro-Franceschi, 2024)

2.1. Leadership Theories in Nursing

Leadership theories emerged from the interaction of different disciplines; the practice of nursing and leadership theories are inseparable. The leadership role in the health field demands unique qualities because it promotes professional transformations and encourages individuals' growth. In the health field, particularly in nursing, daily situations strongly indicate the decisive role of leadership. In contrast, nurses are leaders because their intention is to provide high-quality health care, encourage individuals' autonomy so that they are the architects of their own paths, discuss values so that they can create and motivate healthy teams, among other qualities. Thus, it seems that the leadership themes in the field of nursing mostly consist of practice-centered elements, often not supported by consistent theories for their application in practice. Even the main studies suggest that personal characteristic theories and personality-based models have no significant theoretical support. (Kondaguli, 2023)

The desire for leadership is an element that is a part of all of us; we all have the desire to be leaders and to be members of teams. Nurses, in particular, have developed and put this potential to the test and have made strong contributions to the health field as effective leaders. There are leaders everywhere, but we need to continue developing effective leaders. By using theories as references, it is possible to enhance individuals' leadership development. The leadership area constantly makes a correlation with themes comprising management, emphasizing that it is not the management and leadership theories that show differences, but leadership that is found in management. It can be observed that there is a convergence between the ideas of leadership and management, which stresses that the two areas complement each other. For leadership, a purely formal position is not a prerequisite, just as it is impossible to be an effective manager without leadership competencies. (Jankelová & Joniaková, 2021)

2.2. Management Theories in Nursing

Before we explore the theories and theoretical basis of management in this rapidly expanding and changing field as applied to nurse managers, we must look at nursing management historically. It is difficult to describe management without attempting to define nursing and what practice is. The definition of nursing has over 150 variables identified, and the use of these variables defines the scope, education, and practice of nursing for the individual. The primary purpose of nursing service is to help patients live in the face of ill health, disease, and death, with maximum freedom from pain, discomfort, and fear, and with the greatest degree of independence and wellness that their conditions of living will permit. Nursing service is the means by which the wisdom to practice nursing is carried out. The tools are nursing staff, operating policies, the environment, and equipment adapted to the needs of the nurses, as well as records and understandings that permit a measure of performance

and advance the wisdom of practice. (Roberts et al.2021)

Nursing service includes nursing management. Nursing management, at all levels throughout the organization, involves the individual and collective actions taken to bring together the resources and human elements to accomplish the goals of the nursing service in a viable way. Nurses who are in a management role are part of this component of nursing service. They align the established goals of the department with the necessary resources. They hire, guide, and terminate staff from their department. They also develop a staffing plan for their area to support the patient care requirements and collaborate with other members of the management team to assure the effectiveness and sustainability of the organization. They emphasize performance, appraise their staff, and work to maintain order and the standards of quality established by their organizations.

3. Roles and Responsibilities of Nurse Leaders and Managers

This chapter delves into definitions and discussions about leadership and management within the context of nursing. A summary of the different roles and responsibilities of nurse leaders and nurse managers is provided, depicting the interactive and paradoxical nature of their functions. Attributes and strategies for effective leadership and management are also explored in light of the ever-changing healthcare arena as well as the demands and rewards of being nurse leaders and nurse managers today. Furthermore, a novel theoretical framework integrating the roles, functions, and relationships of contemporary nurse leaders and managers is presented for an integrative understanding and analysis of the discussions later in this chapter. The roles and responsibilities attributed to "leadership" and "management"

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for nursing have been varied and abounding, and there has been much ambiguity regarding the concepts of leadership and management in the domain of healthcare.

Leadership is inherent in the roles of nurse leaders and nurse managers. The two roles share similar and contrasting attributes that complement each other, transcending through the different hierarchical levels of nursing. Leaders and managers are engrossed in the provisions of nursing governance, the development of the nursing workforce, and in contributing to the influences of nursing practice. The interactions and relationships between the two roles have led to the generation of debates that compare and contrast the amalgamation and diversification of the terms. The roles of nurse leaders and nurse managers form the core of this part. The central themes of the discussions are concerned with the applications and relevance of the unique and common attributes embroiled in the functions and duties of nurse leaders and nurse managers that cover the four hierarchical levels of being "nurse leaders and nurse managers," namely: the director level, the managerial level, the supervisory level, and the clinical expert level. The presentations of the roles of nurse leaders and nurse managers have been fashioned into the long-standing debate of discussions that have been apparent for both the present and future direction of the nursing profession. The conclusion to this session is a conceptual and theoretical framework, termed the Nurse Leaders and Nurse Managers in Healthcare Conceptual and Theoretical Framework. The framework is purpose-designed and incorporated into the content of this part for the purpose of extending readers' understanding and exploring the discussions of the roles of nurse leaders and nurse managers. (Gottlieb et al., 2021)

4. Effective Communication in Nursing Leadership and Management

Communication and leadership styles are significant parts of the management practices in any work setting to provide guidance and structure for the implementation and evaluation of quality care. Leadership and management knowledge, skills, and abilities specific to the coordination and direction of nursing care, communication mechanisms for discussions between management and staff, and organizational structure must enhance teamwork and facilitate the completion of care. The profession of nursing is based on knowledge as well as being client-centered. The professional nurse must be aware of and understand those factors that affect quality client outcomes. The roles of the professional nurse include coordination of resources, personnel, and strategies with specific leadership styles to achieve desired objectives and best patient outcomes. Leadership is critical to any profession; nurses must lead and be accountable not only for the services they provide and actions they take, but also for professional nursing practices of shared governance, which include utilizing other departmental staff members as needed to ensure safe, quality care. (Fitzpatrick, 2021)

The development of a new policy or revision of policies related to care to practice shared governance, addressing the concerns of nurses who will be directly impacted prior to policy implementation. It is the managers' responsibility to empower and implement policies, incorporating staff involvement, well-written policies, and procedures with carefully constructed pathways for decisions, and marshaling facts

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that promote the provisions of safe care. Staff members have indicated in many forums that recognition is low, staff is underappreciated, and it impacts overall satisfaction. Staff satisfaction is related to leadership and apparent effectiveness or lack thereof. There are frequent changes to management responsibilities, including budget concerns, decreasing staff levels, and resources to achieve quality patient care. Staff requires guidance and direction from responsible, knowledgeable, and supportive managers. Nurses unaware of current theorized approaches to leadership struggle with effective communication strategies and leadership styles. Effective nurse communication requires engaging in individualized quality patient care, a combination of management and leadership types, and control over the practice situation.

Discussing leadership and management principles related to communication, especially those related to human resource management, entails years of study, preparation, practice, and direct experience. The turnover and concerns related to retention cost in hard currency losses from decreased number of staff members, recruitment, orientation, and staff training for recruitment and orientation of staff. Strategies incorporating staff voices may have a major impact on decreasing recruitment problems. The advancement, initiative, judgment, and practice of professional nursing within organizations may depend on knowing how to design and fit the correct leadership and management forms to particular clinical situations. To deliver nursing care, leaders motivate, use service leadership style, develop and apply social capital, and ensure nurses practice in a knowledge-creating work setting. Leaders must recognize and validate the expertise of staff members, thereby supporting staff in integrating and communicating the knowledge they possess. Encouraging and openly valuing approaches to sharing and development of shared knowledge are needed. (Huston, 2022)

5. Ethical and Legal Considerations in Nursing Leadership and Management

Nursing leaders and managers are confronted with a myriad of ethical, legal, and professional issues on a day-to-day basis. They are professionals who are responsible for the delivery of high-quality, patient-centered care on a 24/7 basis. World events such as terror attacks and natural disasters have caused nursing leaders and managers to deal with crises of enormous magnitude. Most nurse leaders and managers have not had formal training in ethics, organizational behavior, or emergency preparedness. However, these are required domains that enrich their roles.

In today's demanding work environment, the nurse manager is directly responsible and accountable for the unit's efficient and effective function while the nurse leader is the unit's advocate. This chapter focuses on basic leadership and management principles, ethical considerations, legal considerations, professional issues, and emergency preparedness. It also addresses how administrators of nursing can make a difference in these areas. Ethical competence is described and explained. With the increased focus on the emotional intelligence of those who lead and manage nursing units, the strategies for enhancing emotional intelligence are outlined and include four competencies. In addition, strategies are revealed to enable those who manage and lead nursing to deal effectively with potentially violent situations.

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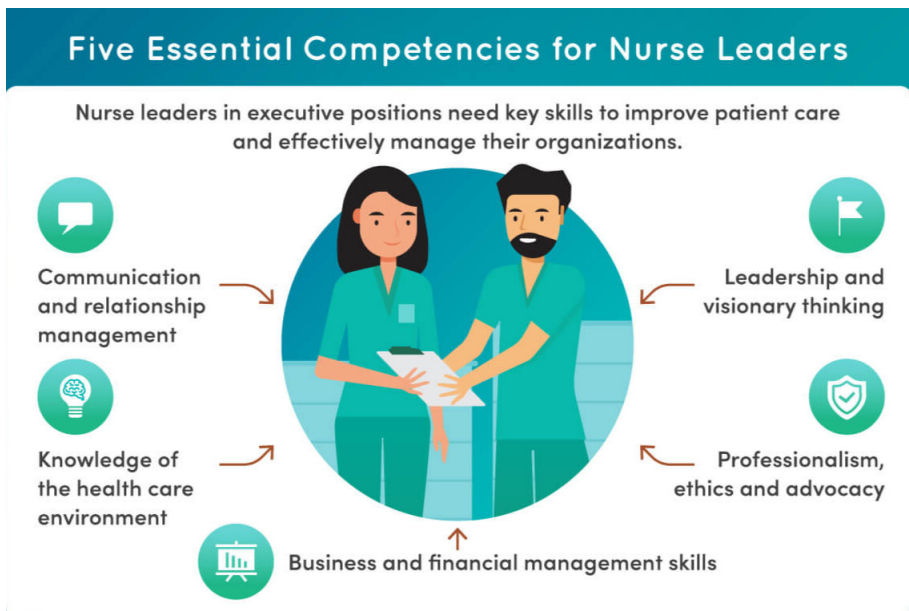# 6. Quality Improvement and Patient Safety in Nursing Leadership and Management

This chapter presents an exploration of key management and leadership concepts and practical applications. We seek to answer the question: what must nurses at all levels of the organization take into account and do to create, manage, maintain, and sustain a healthy work environment? We will examine the relationship between nurse managers and actual patient and organizational outcomes by addressing a wide range of topics such as the current and future roles of leadership and management in healthcare today; leadership and management theory; the place of professional values in nursing leadership and management; successful leadership and management strategies; power, politics, and influence in the organization; nurse leader ethical dilemmas; organizational and interorganizational partnerships and collaboration; strategic planning and goal setting; decision making and creative problem solving; budgeting and financial management; quality improvement and patient safety; and establishing the vision, mission, values, and culture of the organization. Our intent is to provide the reader with a solid foundation in nursing professional values, knowledge, and skills in a management and leadership capacity to assist each and every nurse with the goal of making the patient care experience as valuable and meaningful as possible.

It is one of the main responsibilities and key functions of nurse leaders and administrators to create and maintain a healthy work environment. By doing so, nurse leaders proactively address quality and the issues surrounding patient and family concerns with outcomes like 'never events' and adverse outcomes. Failure to accomplish this not only impacts the reputation of the individual organization in terms of public perception as well as that within the larger world of healthcare, but impacts the overall quality of patient care and patient safety. Any error involving patient safety should be evaluated and overseen by a quality assurance peer review process. All healthcare professionals are responsible and accountable for the care they deliver and for their professional actions. The actions of their team must be carefully directed and influenced by the team leader, upon which high expectations are placed by staff and administration to facilitate and assure excellence. Therefore, to address the complex and ever-changing healthcare climate, it is important to note that in addition to nurses and ancillary personnel providing hands-on direct patient care at the bedside, clinical nurses are also providing team leadership and oversight of resources. Comfort measures and other issues are evaluated closely within this culture of safety in healthcare settings through an annual review process. Interdisciplinary teams in hospitals and other healthcare organizations use this patient-driven, patient-focused data to assure patient care is delivered as desired and expected. In addition, this information ensures that nurse leaders and administrators have a firm data-based evidence approach to the trend analysis and peer review of the comfort measures score. They must take action, comply with, and assure relevant safety practices, and welcome public scrutiny. A patient's expectation of a comfortable and respectful death, as indicated by a comfort measures score, can

provide indicators for effective collaboration and team management, for adjusting patient care delivery, as well as the utilization of organizational resources. (Ofei et al., 2023)

7. Leadership and Management in Different Nursing Specialties

Leadership and management in different fields of nursing vary according to the knowledge and skills required for each specific area. It is essential that all nurse practitioners develop their leadership and management skills, whether they are leading others, managing services or institutions, or delivering nursing care. Yet, leadership and management in each field are influenced by different factors. Nursing leaders associated with care can vary from registered nurses to physician assistants. They are required to have a science degree based on nursing and work in this field. Advanced practice nurses approach the care of different areas of nursing in various specialties from an advanced perspective. It is important that nurses in other areas present management skills and leadership qualities for the application of all areas of nursing. Regulations in certain specialties, such as maternity and anesthesia, categorize different levels for registered nurses. (Leclerc et al.2022)

Five Essential Competencies for Nurse Leaders

Nurse leaders in executive positions need key skills to improve patient care and effectively manage their organizations.

Communication and relationship management

Leadership and visionary thinking

Knowledge of the health care environment

Professionalism, ethics and advocacy

Business and financial management skills

7.1. Critical Care Nursing

Critical care nursing focuses on providing optimum care to patients who are critically ill, acutely ill, or at high risk for sudden life-threatening health problems. These patients can be found in a welcoming unit that is structurally designed and staffed for constant surveillance and management, such as an intensive care unit or surgical recovery room. However, there are critical care nurses who care for patients in other specialized practice areas where critically ill patients needing constant surveillance may be found, such as in an emergency department, on transports that create critically ill units, or on special care wards. In the case of critically ill patients

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who are hospitalized in other areas, such as general nursing units and treating incidental critical illness, all nurses will be involved in assisting these clients with nursing problems.

Critical care nurses are experts at understanding patients' unique psychological, social, cultural, and spiritual needs, as well as more complex safety challenges involving multiple drug therapies and complex nursing interventions. These specialists know the techniques and methods to quickly observe patient feedback and restore optimal function or prevent complications by providing complete nursing care and teaching that fulfills their knowledge and vigilance needs. Such components of patient care reflect the spirit of involvement in this sophisticated nursing practice of continuous adjustments in nursing tasks, evaluations, discussions on end-of-life decisions, and assessments to accommodate a patient-centered care approach. Furthermore, patients have been inspired by the choice of how major nursing care decisions are to be made. Symbiotic relationships of trust, respect, dignity, and empathy better establish rapport. Such caring relationships at qualitative and exhaustive levels are intended to increase the mutual and personal levels of acuity and dependence to reduce the patient's problems or help manage their outcomes. When the mutual human relationship satisfactorily complies with the competent, compliant, and peer-based expectations of everyday patients, nursing results are improved. (Kitson et al.2021)

7.2. Pediatric Nursing

Pediatric nursing is the area that directly concerns the optimal care of infants, children, and adolescents. Graduates have a crucial role in the early detection and management of illness or abnormal health conditions in order to provide effective treatment, save lives, and enhance child development. Graduates need to provide anticipatory guidance by using health assessments to monitor the physical, emotional, social, and cognitive development of children and adolescents as they grow and develop, and therefore enhance overall well-being. Conversion to pediatric care has also occurred within the family unit so that the strength and impact of this relationship are recognized as the dynamics of interaction influence both family and pediatric health. In the realm of pediatric nursing, continuous advocacy of the infant, child, and family occurs within settings such as birth centers, well-child clinics, homes, and other primary care settings, as well as hospital departments of general, specialty, community, chronic care, and rehabilitative settings. Because pediatric nursing influences and is complemented by many multidisciplinary health care systems, graduates must have a broad knowledge of the philosophy, concepts, and principles of effective practices in the areas of pediatrics, human development, biophysical growth and development, and the nursing care processes. (Duffy, 2022)

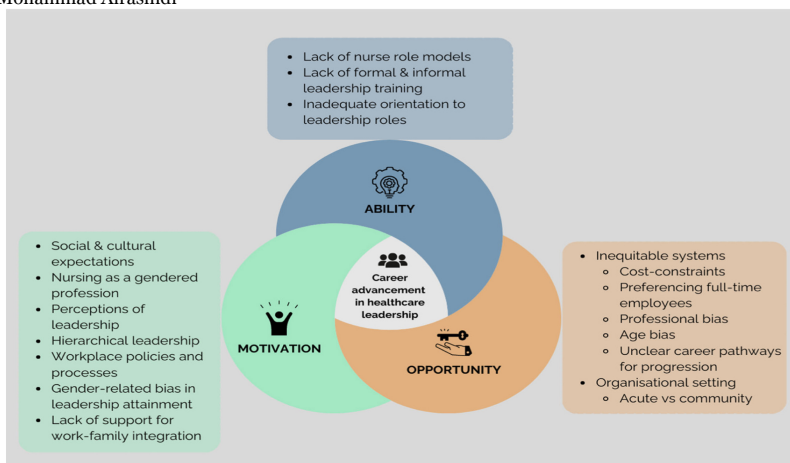## 7.3. Community Health Nursing

Community health nursing is a unique blend of public health and nursing care with a focus on the prevention of disease and disability to save healthcare costs and to create a positive educational benefit for society. It promotes and protects the health of the population. It aims to foster the development of the individual, the family, and the community through cooperation with them. Community health nursing encompasses a variety of specialties of healthcare provided in the community setting,

for the attainment and maintenance of a level of health status, for safeguarding of function, and for rehabilitation. Community health nursing is a specialized category of registered nursing that combines the independence of private practice with the importance of developing personal rapport with clients, many of whom are lifelong patients, many of whom are seeking health services in private practice, and others who are health-conscious and seeking to remain physically fit and to effectively manage their own health problems. (Warshawsky et al.2020)

8. Leadership Development and Succession Planning in Nursing

Leadership as a professional health occupation has evolved over time. Today, individuals who choose a leadership role face a broader human services category than in past years. Leadership is critical in addressing the issues facing health care professions and systems in transition. Effective leaders can promote community trust and cultivate political support when health care providers collaborate with patient populations around common public health concerns. True leadership requires not only individual skills and capabilities but also an understanding and appreciation of the contributions made by others within the shared governance environment.

Because leadership roles have become increasingly demanding, a common issue is the need to develop another generation of potential leaders while the current leaders are still in their roles. Leadership development models for this process recognize that leadership is a role, a set of behaviors, and expectations that go beyond the scope of the person who currently holds the position. Succession planning, or the so-called "grooming" of people within an institution or nursing, that will be suitable for promotion is a combination of training, coaching, counseling, mentoring, and/or job rotation to aid in developing talented individuals to either fill potential vacancies or to create a pool of individuals who can carry out the leadership functions. As dimensions of both management and leadership will be covered, the process of leadership development, management skills needed, and capstone roles will be discussed. The capstone roles include knowledge of the environment in which the institution operates, integrating roles within healthcare delivery, transformational leadership, and domain-relevant knowledge. Other key roles involve external coaching, internal development, and mentoring. (Penconek et al.2021)

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9. Crisis Management and Disaster Preparedness in Nursing

Over the years, crises and disasters have the capacity to create havoc in communities. Most of these crises and disasters have been known to have a significant impact on healthcare systems around the globe. While the impact of these has always been securely recognized and registered, response system development has not followed suit. For this reason, there is an evident need for the discussion of international best practices to promote comprehension and the improvement of the international care of people affected by these negative events. Recent evidence suggests that the healthcare sector is not effectively handling disaster management adequately, even though it is considered an essential entity within societies for resolving disaster impacts on public health. Communities expect health services to be available and to continue providing care during most natural outages, whether threatened or actual. In contrast, those within nursing and healthcare are subjected to hazards, such as exposure to infectious diseases, psychological trauma, and radioactive remnants, particularly from large events, such as widespread major hurricanes, terrorism, and pandemic influenza. Nurses and other health resources on the frontline provide the first-line responses as community first responders. Providing an immediate human response during an urgent circumstance is a difficult and complex activity. Nurses dealing with massive numbers of emergency patients in recent earthquakes stand out in our thoughts. Nurses also supported people in the acute stage and dealt with the chronic effects of social condolences. Their timely importance does not lessen while resources for terrorism readiness have multiplied. The real point is the recent evidence that advises the healthcare sector is behind in disaster readiness, summoning international attention. (Janssen and Van2020)

10. Technology and Innovation in Nursing Leadership and Management

Technology and innovation are integral parts of nursing practice. Throughout any given day, nurses use computers, hand-held devices, mobile technology, and interactive voice-recorded programs in their delivery of care, completing medical records, and preparing medications for patients. Nurses interact with technology, see

its benefits, and recognize its limitations. They understand the power and control nurses have to select and use technology to help facilitate a more efficient and effective health care environment. Nurses also strategize and implement technology to improve patient care outcomes. They must know how to analyze data generated by technology programs, interpret results, and make key decisions to improve their practice. Additionally, nurses provide instruction to patients who may use technology to monitor their health status to maintain optimal well-being. Leadership and management in nursing have long been associated with successful analyses and applications of technology and innovation. Just as a pioneer in statistical and epidemiological nursing practice was inspired to collect and record data from which influential health reports were conducted, nursing leaders today are similarly inspired to assess technological advancements and innovation programs to achieve performance and system improvements. Successful nurses' leadership and decision-making processes are enhanced through the use of technology, providing ideas generated through information and communication sources and expanding their knowledge base leading to essential changes. Clinical information systems further help support key decisions leading to improved patient outcomes. Clearly, technology has a significant influence on the leadership and management practices of nurses. (Brown et al.2020)

11. Global Perspectives in Nursing Leadership and Management

A major challenge in delivering and evaluating leadership and management programs is the vast array of expectations and responsibilities of nurse leaders and managers in a global world. Major countries and international organizations have researched the competencies related to the leadership and management behavior of staff nurses, nurse managers, educators, and researchers over the past generation, collecting and summarizing data, plus facilitating lively, structured debates with colleagues. Themes in the form and content of nurse leadership and management strongly resemble those in medicine, other health professions, and other business sectors. These involve enabling the dynamic, detailed application of six core competencies of effective self-leadership and management, role modeling, teamwork, navigating cultural dynamics, balancing the central core business mission with business strategies and innovation, and leveraging smart data to provide intelligent precision.

Cohorts from all the sites revealed rich geographic mixing, with apparent independence of demographic and professional affiliation associations, and a multiplicity of critical issues, some unique to individual international sites. Leadership and management skills can directly affect partnerships and collaboration, with, at times, negative reverberations at all levels of multinational units. Furthermore, with a fully enabled, globally informed group, having hot debates about national and global positions to address consolidated, consensus-driven collaborative accomplishments would provide focused benchmarking and hence inform a true global nursing stance. Such enlightened management leadership could vitally contribute to securing a more ambitious, sustainable global vision and goals by 2030. Such a global perspective could lead toward greater successes on national

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and institutional levels, and as a global international professionals' alliance, on economic, patient-centered, and science-enhanced levels, reaching far beyond our own specialized profession or industry. (Opoku et al.2024)

12. Research and Evidence-Based Practice in Nursing Leadership and Management

The process of developing research evidence to support the work of nursing leaders and managers is complex, largely because many of the challenges facing our professions in the execution of our responsibilities are of an interactional-interpretive nature rather than empirical or scientific. While it is accepted that the generation of reliable and valid quantitative data is important in our means of interpreting phenomena, and indeed in the drawing of our conclusions about it, researchers note how often nursing research believes its own "spin" and accepts the reported products of both critique and interpretation as the established truth. The result is that research does not give even a summary of the phenomena but a description recorded and mediated by the multiple subjectivities of the people involved in the ongoing interaction of a field of activity. The use of narrative methods in research can provide analysis that interrogates interpretation at the same time as using it. (Dang et al., 2021)

In the United Kingdom, the new funding has encouraged advanced skills teaching specifically aimed at research methods. Traditional and proposed lists integrate much of the practical influences of research by implication—for example, by trying to project the workforce planning implications of research-based findings for nursing— then importance is given to the detailed critical appraisal of research methods. However, critical debate of the interpretation of other types of evidence, such as that produced by narrative research, is not commonly noted. At the functional curriculum design level, the initial starting point for teaching research methods usually comes from the content of traditional undergraduate or "made for research only" postgraduate research methods courses or from other longer courses such as an MA in Education as in the suggestion above.

13. Results

We collected demographic data to describe the nature of the nurse leaders who participated in the research. The data gathered illuminates the responsibility and scope of the leadership role. Seventy-eight percent of the participants had responsibility across traditional management functions, leadership, and financial management. A further nineteen percent had professional leader roles across traditional and financial management areas. This cross-sector leader model is well illustrated in the description provided by one of the participants. Seventy-three percent of the participants provide only clinical leadership support to the management team. This combination of administrative leaders and professional leaders at a clinical level is reflected in the participant's comment, "The managers usually tell me about the changes they're thinking of, but I'm certainly not party to

the decision-making." The situation was further characterized by the participant's understanding that "I don't make decisions, I've got no power to change a decision, I can certainly argue for change but it's going to be up to the assistant manager or the manager to actually implement any changes." (Lovingood)

14. Discussion

This chapter sets out to compare and contrast leadership and management in nursing, as well as explore which is more important. The discussion has shown that it is very difficult to distinguish between the two functions of leadership and management. This may be because a leader in an organization has a dual (albeit distinct) role as a manager; in other words, in undertaking the formal role of a manager, a leader will also demonstrate their leadership abilities. The concepts of leadership and management are both complex and have been discussed and analyzed by many. It is now apparent that, without both leadership and management components, change and the promotion of high-quality care services in health organizations will not be realized. Consequently, leader-managers need to be dedicated to the achievement of change and continuous improvement, utilizing the characteristics and understandings of both leadership and management.

Thus, as was pointed out, "Leadership and leadership style are essential functions in any organization. Leaders energize others, coming up with fresh ideas that enable organizations to reach their full potential." Throughout the book, the view has been expressed that leadership is the active type of behavior that gets a group of people organized to make decisions on issues surrounding actual work. The suggestion is that we all have the potential to be leaders if we have a willing follower on whom we have an influence. Another important aspect of both leadership and management is the effective nurturing and developing of staff in the organization. Staff are an important resource, and a burning aspiration of many is to make the most of it. Staff management means ensuring the members of the team are fit, able, and willing to carry out the tasks required of them, and organizational development occurs in this effective management and nurturing of staff, as well as in the way in which the organization is designed, empowering and enabling staff to contribute at their optimum level in carrying out the roles expected of them. (Liu et al., 2022)

15. Conclusion and Future Directions

In conclusion, the current local and global health challenges are complex and will involve nursing and healthcare leaders to develop new and innovative strategies. The leadership and management styles practiced within the long-term aged care sector have generally not attracted significant attention to date, particularly regarding innovation. There is already a void in terms of leadership and management development pathways for candidates situated in long-term aged care. This study has highlighted some of the approaches that might be utilized to counteract this dearth. A shared or distributed leadership model reflects such leadership styles as transformational, adaptable, and authentic. Antecedent and consequence factors identified are important considerations for directors of nursing and other decision-

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makers. These results also provide the impetus to develop and strengthen the necessary institutional, regulatory, and managerial environment to support the demonstration and maintenance of innovation within these uniquely challenging work environments. We believe that the development of an educational strategy to evaluate shared leadership and its impact on innovative nursing leadership will be one avenue to consider to address some of the difficulties raised by our research findings.

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