THE NEED FOR TRANSFORMATIONAL NURSING LEADERSHIP IN NIGERIAN HEALTHCARE INDUSTRY

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Abstract

Leadership in the Nigerian healthcare industry has become a major public concern especially in the wake of Coronavirus (COVID 19) pandemic, because nursing profession has not been given its rightful position in the society. The shift from management to leadership in nursing has become one of the most important evolutionary forces in transforming healthcare from its ailing status to an expected resurrecting state in Nigeria. Healthcare condition in Nigeria needs a great deal of attention as the mortality rate has been on the increase even before the pandemic. Integrating a progressive nursing transformational leadership will play a significant positive role to enable transformational nursing leaders become catalysts to expand a holistic perspective that empowers nursing professionals at all levels, and maximizes the use of the most recent technology in the movement beyond evidence-based and patient centred health care to patient-directed outcomes.

Keywords: Transformational Leadership, Transactional Leadership: Nursing Leadership, Healthcare

Introduction

The central work of nursing leadership is to bring about change medical care and health deliveries to the general populace. The transformation of the entire health care organization and system involve a nursing leadership task requiring an extraordinary defining depth and breadth of change. Many experts believe that the quality of nursing leadership in a healthcare setting is a major factor in the type of outcomes and safety performance of patients in a healthcare organization. Leadership is defined as a multifaceted process of identifying goals or target, motivating other people to act, and provide support and motivation to achieve mutually negotiated goals (Porter-O' 2003). Leadership is a dynamic systems skill rather than a linear process skill. For this reason, nursing transformational leadership cannot be taught in traditional classrooms or through virtual learning. Balancing power, ideas, tension, conflicts, and work requires hours of practice, preferably in a safe environment (Tucker, Edmondson & Spear, 2002). Leadership is a skill around juggling instant trade-offs, and dealing with unintended consequences constantly. Leaders are often described as being visionary, equipped with strategies, a plan and desire to direct their teams and services to a future goal (Mahoney, 2001).

In healthcare industry, transformational leadership style has been given a pass mark in this regard. Transformational leadership embraces the belief that the work is of such importance that it transcends the ordinary is the preferred model of health care professionals. This vision of service expands the staff members' support for goals and accomplishments beyond the boundaries of their unit (Sullivan & Decker, 2005). Transformational leadership is a key ingredient in establishing a nursing environment that achieves Magnet designation. Transactional leadership has been shown to be particularly effective in turbulent and uncertain environments, such as those found in today's healthcare organizations in Nigeria.

Burns' view of transformational leadership motivates followers to go extra miles to add value to the sacrifices made to enhance opportunities for higher outcomes that satisfies advanced-level needs self-actualization and self-esteem. Followers who understand what transformational leaders expect from them love and cheerfully, make considerable and significant contributions to the success of their employers, and eventually become better leaders themselves. These views about transformational leadership transcend to a profound difference in the life of employees and employers. Over the past years, there have been changes regarding how leaders perform their functions and apply different types of leadership styles. Some of the leaders have used transformational leadership styles while others have used transactional leadership styles. There others who have used the situational styles and all these styles are geared towards achieving tasks and control such that they develop a work culture in which employees are successful. On certain occasions, depending on situations that may need emergency actions, nursing leaders have used different administrative styles ranging from an autocratic style, whereby the management goes in only one direction, to styles that will get the work done successfully.

Burns published the theory of transformational leadership where he described a leadership style

called transactional leadership. This comparison is essential for the fact that it explains why transformational nursing leadership resonates better for nurses in their practice than when compared with styles and other professions. Transactional leaders establish new images and objectives that the workers in organizations focus on and agree to respond to. This strategy helps to create incentives that motivate the employees and allows them feel important and valued with a committed sense of ownership. Furthermore, these incentives will ginger the employees to perform optimally. A motivation that inspires and encourages employees stems from the strategy that communicates the leaders' management styles geared towards carrying the employees along for greater productivity.

For example, a nurse leader who uses the transformational leadership style would find creative ways to motivate and inspire employees with an objective for improving the future of the organization. In leadership nursing practice, frequent meetings with groups of nursing staff or using staff e-communications that include Emails, SMS, Skype, Memos, Facebook, WhatsApp, Twitter, Instagram, etc, to lay out objectives, goals and ways of reaching them will improve outcomes. In this age of social media, nurse leaders who ask for and understand the values of employee input, motivate followers to develop creative and innovative solutions. They continue to seek ways and means of providing growth and development opportunities, reach deadlines faster and achieve organizational goals better than those who are analog dependent. A condition where leaders apply defining skills, knowledge and sacrifice improves intellectual stimulation supporting prompt staff will to challenge assumptions, reframe problems, and to look at new ways of doing things.

For example, a transformational proactive leader would provide time for nurses to work with resources staff to incorporate evidence-based practice findings into patient care. Nurse leaders who support intellectual stimulation find ways to encourage others to voice their own ideas about improving patient care and pave the way for innovations to be tested and incorporated into the nursing culture (Tucker *et al.*, 2002). Individualized consideration refers to the commitment of the leader to coaching and mentoring, can the leader's awareness of and concern for the needs of nursing staff. A transformational leader knows individual staff members' career aspirations and is often in a position to guide subordinates to invaluable mentoring opportunities.

Healthcare organizations face myriads of challenges, the most significant of which is the need to transform the ways the patients receive high-quality cost-effective care in the future. Having input from those who provide hands-on care is a vital part of this paradigm shift. Reports on the future of nursing, for example, emphasize the need for nurses to become involved in healthcare reform. Unfortunately, this is a tough challenge in Nigeria where nurses are not involved in politics to propel this important healthcare need to the legislative arm of the government. The focus of transformation nursing leadership on empowerment, viewing errors as learning opportunities, and valuing innovation means that nursing staff members have a means of continuity providing input about how to improve care. As a result, nursing transformational leadership can revitalize healthcare from the point of patient care and more. In addition, the leadership style of nurse managers has a critical impact on nurse job performance and on nurse retention factors vital for providing excellent patient care.

A nurse manager who uses transformational leadership principles provides enabling environment where nurses have greater commitment to their organizations and high levels of morale, job satisfaction, and work performance. Researchers in several studies discovered that nurse leaders who are seen as applying transformational leadership style promote an enhanced sense of job satisfaction, well-being, and organizational commitment in their employees. A transformational nursing department manager faced with the same challenge as the transactional manager would be able to motivate her staff by clearly articulating the department's objectives, goals, mission and vision and explain how those factors give meaning and satisfaction to what the staff members do. The nurse manager would then communicate the positive role and discuss the negative aspects of improper or delayed implementation. The importance of ownership and delivery of quality patient care by each staff member is highly emphasized.

Transformational Nursing Leadership Theory

According to Burns, transformational leadership is a relationship between the leader and the follower, in which they motivate each other to higher levels, resulting in value system congruence between the leader and the follower. Burn's original thoughts were extended by Bernard M. Bass, who believed that a strong vision and personality are common traits among transformational leaders. In addition, they inspire, engage, and motivate their followers to adapt, adopt, and adjust expectations, opinions, and inspirations to work towards achieving the vision of the organization. Furthermore, he mentioned four

components in transformational leadership which include personal consideration, ideal impact, strong motivation, and intellectual stimulation.
Evidence based nursing has shown that transformational nursing leadership energizes their follower's satisfaction and commitment to the organization. Recent studies have also shown that the results of transformational leadership styles on individual employees and institutions improve outcomes, and can be productively used in all organizations. Transformational leadership theory is focused on changing status quo and is crucial in applications to the present-day progressive business successes. Those leaders who thrive in their organizations are sometimes change agents because they succeed by utilizing this leadership style with charismatic sterling qualities and personalities that influence and motivate their followers to achieve organizational goals, to share their visions, and to empower them. At the onset, leaders must build a connection of trust with their followers. This connection of trust is important because fairness and honesty in leadership improves the morale of employees injecting motivation that gives followers independence in decision making.

According to transformational leadership theory, it is important for nurse managers to organize appropriate time and assign a private conference room where a private discussion could be held for discussions that will reassure leadership trust and respect. Under this circumstance, it is important that the nurse leader presents conducive atmosphere in story-telling format rather than the criticism, blame or corrective action type situation. Furthermore, during this communication process with the nurse, the nurse leader should be a good listener rather than a Boss, because to carry the nurse along, it is imperative to recognize the nurse's needs and concerns. In addition, it is important for the nurse leader to analyse the severity of this problem under consideration. Simultaneously, the leader should consider that on-the-job education and training of the nurse in question must match expectations for the nurse and the unit, which could motivate the nurse toward further career development and promotion. These transformational leadership, the nurse's behaviour can be influenced. Additionally, the nurse will improve her organizational commitment and is more likely to achieve the organization's goals.

Transactional leadership clearly explains the responsibilities of both the employees and employers. In the same token, this style of leadership emphasizes that the culture of the organization, policy and procedures are followed, with the rules and the behavioural norms religiously maintained. Comparatively, the transformational leadership theory is based on the leader's initiative and wealth of experience to educate employees so that the organization's goals, objectives, vision and mission will be achieved. They included working with clinically competent nurses (an essential element of trust), nurse autonomy and accountability, having a supportive nurse manager/supervisor (a component of both leadership and trust), control over nursing practice, and educational support (Kramer & Schmalenburg, 2002). Developing a high quality, performance-oriented nursing workforce has become the need for the hour and every nurse leader tries to motivate employees so as to create loyal enthusiastic and industrious team which goes extra miles more and above their job responsibilities.

Participative Leadership

Participative leadership is also called democratic leadership. This is a leadership style that encourages team members' participation in making valuable decisions that boost productivity, proficiency, and efficiency in an organization. This type of leadership style motivates followers to be more committed to core values engaged to goals and objectives of the organization. In the 1930s, the behavioural scientist Kurt Lewin conducted studies and identified the significance of the participative leadership style in organizations. This author discussed with business with business leaders and employees and arrived at a decision that participative leadership in the business setting was the most popular style among contemporaries and competitors. Many corporate settings have since used this leadership style successfully. Examples are in organizations such as hospitals, nursing homes, information technology, clinics, pharmaceutical firms, universities, and so forth.

Furthermore, there are opportunities to improve team work, individual responsibilities and functions by nursing leaders who engage in the participative leadership style. Participative leadership theory is sometimes also suitable where the leader while being is a position of authority, consults team members, and the followers in the decision-making process.
Guidelines for participative leadership, provides the following:
Step 1: Diagnosing decision situations. This includes evaluating the importance of the decision, identifying people with relevant knowledge, and evaluating whether it is feasible to hold a meeting.
Step 2: Inspire participation. This includes encouraging people to express their concerns, describing a proposal as tentative, looking for ways to build on ideas and suggestions, and showing appreciation for suggestions.

Under this situation, the nurse leader should first ascertain why the problem occurred and how to resolve it. A conference with the employees should hold discuss how to address this issue without identifying the culprit. This strategy is to give opportunities for everyone to air their views freely and offer solutions. At this point, the nurse leader without being defensive should be a good listener to provide an enabling environment for the staff members were useful and reliable information will be gathered from different individuals. During such meetings, all the employees are encouraged to express their own opinions without intimidation and a good leader at this time and show appreciation for the ideas of the employees. These ideas will then be analysed to present a policy and procedure to avoid such future mistakes.

In acute care hospitals, individuals in potential transformational leadership roles range from board-level Chairmen and Directors; to Chief Executive Officer (CEO), operating, nursing, and medical officers; through the hierarchy to unit managers. In nursing homes, such leadership can come from a facility's owners, administrator, director of nursing, and unit managers. Leadership by these senior organization managers and oversight boards is essential to accomplishing the breadth of organizational change needed to achieve higher levels of patient safety changes in management practices, workforce deployment, work design and flow, and the safety culture of the organization. However, if these individuals rely solely on a traditional, transactional approach to leadership, such substantive changes are likely to be difficult to achieve and sustain, as leaders will need to conduct frequent, ongoing, possibly contradictory renegotiations with workers in response to rapidly changing external forces.

In contrast, transformational leadership seeks to engage individuals in the recognition and pursuit of a commonly held goal in this case, patient safety. For example, individual nurses may desire wide variation in the number of hours they would like to work on a 24-hour or weekly basis. Attempting to secure their commitment to the organization by accommodating all such requests (transactional leadership) despite evidence that extended work hours may be detrimental to patient safety would likely be both time-intensive and unsuccessful. Instead, transformational leadership would engage nursing staff in a discussion of patient safety and worker fatigue and seek to develop work hour policies and scheduling that would put patient safety first and respond to individual scheduling needs within that construct. Such a discussion could have a transforming effect on both staff and management as knowledge was shared.

A leadership approach that aims to achieve a collective goal rather than a multitude of individual goals and aims to transform all workers both managers and staff in pursuit of the higher collective purpose can be the most efficient and effective means of achieving widespread and fundamental organizational change. In practicing transformational nursing leadership, leaders need to engage managers and staff in an ongoing relationship based on the commonly held goal of patient safety, and communicate with and teach managers and staff about this higher collective purpose. When teaching nurse managers about the actions they can take to minimize threats to patient safety, Health Care Organizations (HCO) leaders should underscore the five management practices enumerated earlier that have been found to be consistently associated with successful implementation of change initiatives and with the achievement of safety in organizations with high risk for errors. These nursing management practices also underlie all of the worker deployment, work design, and safety culture practices that are addressed in the remaining chapters of this report.

Nursing Leadership and Evidence-Based Management Practices in Nurses' Work Environment

Concerns about changes in nursing leadership increased emphasis on production efficiency in response to cost-containment pressures, weakened trust, and poor change management, limited involvement in decision making pertaining to work design and work flow, and limited knowledge management are all found in nurses' work environments. While some nurses have had firsthand experience with the successful application of the above evidence-based management practices in their workplace, this has not consistently been the case. Each of these barriers to the application of evidence-based management practices in nurses' work environments is discussed in turn below.

Concerns about Changes in Nursing Transformational Leadership

Nursing leadership in hospitals and other HCOs has a key role with respect to the deployment of the nurse workforce in these institutions and overall patient care. In recent times, this role, however, at least in hospitals, is changing. There is evidence that these changes may minimize the capability of hospital nursing leadership to;

Represent nursing staff and management to each other and facilitate their mutual trust,

Facilitate the input of direct-care nursing staff into decision making on the design of work processes and work flow, and

Provide clinical leadership in support of knowledge acquisition and uptake by nursing staff.

The senior nurse leadership position in hospitals has not always been an executive-level position. A 1983 national Commission of Nursing report and publications of the American Hospital Association recommended to hospitals that Chief Nursing Officers (CNOs) be regarded as a key component of a hospital's executive management team. Prior to this time, CNOs typically were not involved in strategic planning for the hospital overall; many did not participate in the development of the budget for their own department. Recommendations that nurse be involved in policy development and decision making throughout the organization were important in bringing the CNO position to the executive management team in many hospitals (Tucker *at al.*, 2002).

This view of the CNO position is consistent with both old and new management concepts. Florence Nightingale, the founder of modern nursing, made major improvements in the education and training of nurses in the latter part of the nineteenth century. She proposed an administrative system for hospitals that included a triad of lay administrator, physician leader, and senior nursing leader. Her model was an important contributor to the development of hospital management systems and was responsible for the introduction of the position of superintendent of nurses to United States hospitals. Nightingale asserted that only those trained as nurses were qualified to govern other nurses (Tucker and Edmondson, 2002). This view also is consistent with the more recent management philosophy embodied in the Toyota Production System, which requires that all managers know how to perform the jobs of those they supervise (Spear and Bowen, 1999).

Until recently, the Chief Nursing Officer (CNO) was the official leader of a hospital's nursing staff. Although other administrative responsibilities may have been involved, the primary responsibility of the Chief Nursing Officer (CNO) was the administration and leadership of the nursing service (Tucker and Edmondson, 2002).

The responsibilities of the Chief Nursing Officers have considerably changed and they have been challenged over the years as a result of service reviews and hospital policy initiatives. Several surveys of nurse leaders, nurse executives, and managers reported changes in their roles. Nearly all of these respondents identified expanded responsibilities as a major feature of their role change. The proportion of respondents holding positions whose title included the word "nursing" (e.g., director of nursing or president of nursing) declined from 55 to 24 percent, while the proportion holding positions whose title did not explicitly mention nursing (e.g., vice president of patient care, vice president of operations, and chief operating officer) increased from 35 to 53 percent. The new, expanded roles of these hospital nurse leaders included responsibilities for radiology departments, surgery, emergency departments, cardiology, nursing homes, outpatient services, admitting, and infection control units (Laschinger, Finegan & Shamian, 2001). A more recent, 1997 to 1998 study of hospital restructuring in 29 university teaching hospitals found that the CNE position had been transformed into a "patient care" executive position in 97 percent of the institutions surveyed (Sovie & Jawad, 2001).

Although CNOs in some organizations have increasingly assumed these expanded managerial duties, they also have retained responsibility for managing nursing services. Research is needed on whether the expanded role of the CNO has beneficial or adverse effects on patients (Heller, 2003). In some desirable ways, expanding the CNO responsibilities and roles increases senior nurse executives' influence. Some school of thought opine that the expansion of the CNO's areas of responsibilities beyond those directly associated with clinical nursing takes attention away from nursing care and hinders the development of strong nursing leadership for nursing practice in the hospital. An option may be to have many CNOs and decentralize their functions so that each of them will specialize in certain different clinical, administrative and management functions such as CNO Education, CNO Infection Control, CNO Clinical, CNO Skills and Training, CNO Occupational Health, CNO Operations, etc. What is agreed upon is that as the roles of nurse leaders have expanded, so have the demands of balancing two, often competing, sets of responsibilities as senior administrative staff and leader of nursing staff. As senior executive, the CNO is responsible for leading the Nursing department in a Healthcare setting and must help the hospital meet its strategic goals, which are in recent times often financially focused. As leader of nursing staff, the CNO is responsible for providing clinical leadership. Concern has also been expressed that the attempt to meet both sets of responsibilities has resulted in the potential loss of a common voice for nursing staff and a weakening of clinical leadership.

Potential Loss of a Common Voice for Nursing

Research studies about the changing role of hospital CNOs in the non-profit flagship hospitals of some

urban integrated delivery systems chosen by a panel of experts as being "at the forefront of change" found that at these hospitals, the organizational boundaries of nurse leaders had shifted away from the traditional department of nursing to an organizational structure in which nursing services were unidentifiable and integrated. An expansion of management responsibilities appeared to be taking place in all nursing management roles, in one hospital resulting in the "dismantling of the nursing department." That is, an identifiable central nursing department was no longer visible in the restructured hospital, as was manifest in the absence of nursing as an organizational element on the hospital organization chart. Moreover, fewer nurse managers, directors, and assistant nurse managers were found at all levels of the hospitals (Tucker and Edmondson, 2003).

An examination of changes in the work environments of nurses in 12 hospitals identified as having characteristics associated with high rates of nurse retention found that from 1986 to 1998, the percentage of nurses reporting "a chief nursing executive equal in power/authority to other top hospital officials" declined from 99 to 69 percent. Those reporting "a director of nursing highly visible and accessible to staff" fell from 89 to 41 percent (Aiken et al., 2000). In this capacity, it is inappropriate for them to be spokespersons for the nursing profession within their institution they must be spokespersons for the broad function of patient care. Although this appears to work well for improvements in patient care, it also dislocates the strongest voice for professional nursing issues which is needed as most issues now border on politics. For the past 20 years or so, nurse executives have been spokespersons for the profession at the institutional, local, state, and national levels, both as individuals and through their organizations.

Weakening of Clinical Nursing Leadership

The challenges of Nursing Leadership clinical practice are risky. In the above-cited qualitative study of the changing role of hospital CNOs in three non-profit flagship hospitals, changes in the clinical leadership responsibilities of the Chief Nursing Officers were found not to have kept pace with the growth and strength of the administrative responsibilities of that role. Similar changes were experienced down the line. The span of control of the midlevel director of nursing increased, and the incumbent had less time to spend with individual unit managers. Nurse unit managers had less ready access to the midlevel director of nursing. They no longer had someone to whom they could readily turn to help them reflect on problems and issues requiring their attention. Similarly, the nurse unit managers' span of control had increased. Some nurse managers were now responsible for more than one patient care unit as their numbers in these hospitals decreased (Tucker *et al.*, 2002).

Nurse Managers were often assigned responsibility for two nursing units, with an expansion in the number of assistants or charge nurses reporting to them at the shift level. These additional duties likely leave the nurse manager with less time to provide clinical supervision or teaching (Norrish and Rundall, 2001). Interview data from all three flagship hospitals in the 1996 study suggest the need for an ongoing, central locus of clinical leadership within the HCO (Tucker and Edmondson, 2003). And in the 1997–1998 survey of 29 university teaching hospitals described above, researchers found that as the responsibilities of nurse executives were expanded, consolidation or downsizing of nursing departments occurred in 82 percent of hospitals. Further, nurse manager positions were reduced in 91 percent of the hospitals, and nurse managers' span of control was broadened to include more than one patient care unit. Nearly half of the nurse managers were also given additional responsibility for supervising personnel other than nursing staff (e.g., housekeepers, transportation staff, and dietary aides). Assistant nurse manager positions were reduced in 68 percent of the hospitals. "The cumulative effect was a reduction in the direct management support available to patient care staff". This effect also is reported in other studies of HCO reorganization of nursing services (Norrish, Rundall, 2001).

The committee finds that strong nursing leadership is needed in all HCOs in order to:

i. represent nursing staff and management to each other and foster their mutual trust,
ii. facilitate the input of direct-care nursing staff into decision making on the design of work processes and work flow, and
iii. provide clinical leadership in support of knowledge acquisition and uptake by nursing staff. Recent changes in the responsibilities of senior nurse executives and nursing management in hospitals, in particular, may place these functions at risk. Presently, such studies should be encouraged in Nigeria to evaluate and compare these findings and their benefits in our healthcare industry.

Increased Emphasis on Production Efficiency

Many of the changes in nursing leadership described above were the result of organizational efforts to achieve greater efficiency (Goodman, 2001, Sovie and Jawad, 2001). This increased emphasis on production efficiency has been a hallmark of the hospital and health care reengineering initiatives of the last two decades, particularly with respect to the work of nurses. In the 1993 and 1995 surveys of

nurse leaders discussed above, although fewer than 17 percent of respondents identified cost reduction as a primary reason for their hospital's redesign initiative, "reduction of costs" was the criterion employed most frequently to evaluate the outcomes of the initiative (reported by 90 percent of respondents. In recent times, there have been noticeable changes but not enough to place nursing leadership where it is supposed to be in 21st century like other counterpart healthcare professions such as pharmacy, medicine, etc. Concern that reorganization initiatives have focused on efficiency at the expense of patient quality also are commonly expressed by nursing staff involved in such initiatives.

Experts in patient safety have identified safeguards that can be used by HCOs to defend against an overemphasis on efficiency at the expense of reliability (patient safety). First, HCO boards of directors should spend as much time overseeing an organization's patient safety performance as they do deal with financial goals and performance.

They should know the following;

i. Nursing leadership should emphasize how patient safety is addressed in the HCO's mission statement;
ii. What mechanisms are used by the HCO to assess the safety of its patient care environment; and
iii. What the HCO's overall plan or approach is for ensuring patient safety and whether it has defined objectives, senior-level leadership, and adequate personnel and financial resources.

The health department should also receive regular progress reports on patient safety and review all sentinel events and the organization's follow-up activities. Furthermore, a member of the HCO's senior nursing leadership team (excluding risk management) should serve as chief quality and safety officer, comparable to the chief financial officer. Just as the latter individual is in charge of monitoring and strengthening the organization's financial performance, the chief safety officer should be responsible for patient safety measures and metrics. This responsibility can be met by developing indicators of patient safety and quality that are collected and monitored before and after change initiatives are undertaken.

Conclusion and Recommendations

Leadership takes continuous practice and is not an art that is easily grasped or mastered without the appropriate skills. Transformational Nurse Leaders who face problems that they cannot solve should take sometimes out to figure the best way to tackle them so as to avoid costly mistakes. This time out will help them to consider appropriate leadership theories and try to apply them in the administrative and clinical contexts. This will result is a better outcome. Transformational nurse leaders may apply multiple leadership theories to be accurate in judgments especially during emergency situations. In other words, it is impossible to resolve issues using a single leadership theory. Transformational leaders, for example, inspire others with their vision and collaborate with their team to identify common values. Organizational decisions derived from participative leadership style which invites input from employees yield dividends that on all organizational decisions.

Transactional leadership is based on contingent rewards and can have a positive effect on followers' satisfaction and performance. Two other leadership styles often used in nursing practice are situational leadership and autocratic leadership. Transformational Nurse Managers and clinical leaders should acknowledge the advantages and disadvantages of each theory. Leadership skills are essentially necessary to boost personal character because it provides leaders with the important materials to achieve goals and objectives within their career. Every situation is not the same and Nurse Leaders are challenged with many conditions on daily bases. There is no particular leadership style that is suitable for all situations and solves all problems. The development of leadership skills is every minute learning process that begins with understanding an individual's skills and capabilities. Nurse leaders should therefore be flexible in their leadership styles and tailor them accordingly since they encounter emergency, short term, medium term and long-term conditions.

Every leader especially Nurse Leaders must understand when to apply a particular theory that will facilitate the achievement of organization's goals. Health affects all aspects of human endeavour such as economy, politics, faith-based organizations, industries, education, transportation, banking, business, etc. Health is wealth and Healthcare organizations (HCOs) should engage transformational nurse leadership on all facets of management roles at all departmental levels who will:

- Participate in executive boards and national policy decisions making within the HCO and liaising with local governments, city, state and federal governments to structure and restructure the entire healthcare industry for best outcomes.
- Represent nursing staff in the national and state political architectures where healthcare decisions and policies are made concerning management of patients in institutions to boost their confidence.

- Achieve effective communication between nursing, other clinical leadership, and other industries that cut across every aspect of human growth and development.

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