

# INTRODUCING A NEW EDUCATION STRATEGY BY USING TRANSFORMATIONAL AND TRANSACTIONAL LEADERSHIP MANAGEMENT PRINCIPLES: A REFLECTIVE PAPER

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## ABSTRACT

Based on the valuable experiences from western countries, the author introduced an educational programme to motivate Chinese nurses to develop positive attitudes towards updating nursing knowledge. The initial success of this pilot study made the author confident to further use this educational strategy within the whole hospital to promote continuing professional development.

**Keywords :** *Nursing education; transactional leadership management; transformational*

## INTRODUCTION:

Since the late 1970s, nurse leaders have acknowledged the importance of continuing nursing education (Labelle, 1997). There are considerable variations in view regarding the most effective way to promote positive learning. To continue nursing education requires time from both the nurses and the organisation. There is also financial cost to the organisation and an increase of workload for nurses who need to cover duties. In China, whoever wants to be a nurse, he or she must pass strict registered nurse's examination (Shen & Li 2006). This also reflects a part of nursing quality management. Yang (1997) pointed out that a hospital is required to provide evidence to the nursing regulatory board that nurses are continuing to update their knowledge as part of the quality assurance programme. However, anecdotal evidence suggested that enforcing learning through constant examinations linked to punitive consequences might actually be counter-productive to learning.

It is important that continuing education programme motivates nurses to learn and at the same time meets the hospitals' requirements. Learning for examination is superficial learning. Deep learning can occur through introducing interactive and enjoyable education programmes.

In the 21<sup>st</sup> century, with the rapid economic

development, as well as huge changes in the political, demographic and social environments in China, there also have been tremendous changes to the healthcare services and inevitably a need for a change in leadership style. Shaw (2007) asserted that a contemporary and qualified leader should possess good communication skills, well-organised abilities, and broad knowledge. It is generally acknowledged that compared with the leadership from other arena, nurse leaders should give priority to patient safety, quality of care, and staff development program. Finkelman (2006) proposed that nurse leaders, nowadays, tend to combine transactional and transformational leadership theories to address change management. A transformational leader is a person who tends to motivate his/her followers to change their aims, ideas and behaviours and simultaneously, in accordance with the organisation policy. Whereas, a transactional leader finds it preferable to supervise and assess his/her followers through rules, policies and standards rather than encouragement.

This paper focuses on the application of change management principles and a combination of transactional and transformational leadership theories to introduce a new education strategy that is acceptable to the nurses and the nurse managers in a clinical setting.

**METHODOLOGY:**

Organisation culture

Historically, it is generally believed that China adopted imperial examination system. The only way for ordinary people to have an opportunity to climb the social ladder was through imperial examinations. Examinations provided a measure of knowledge, competence and capability and thus an ascribed social status. Apparently, even in today's modern society, some nurse leaders still prefer to use examination as a criterion to assess staff's competence. More importantly, nurses themselves might also perceive alternative forms of assessment as having less value. In fact, in the present clinical setting, nursing managers used periodic and unscheduled periodic and unscheduled examinations to evaluate nurses' competence. Nurses who had examination scores below standard were punished with a financial penalty (Refer to Form 1 in detail).

*Form 1: a survey for the degree of examination's satisfaction (before a new education program)*

different age groups	the level of stress (low, average or high)	the effects on social life (slight, average or serious)	sick leaves linked to examination	self-evaluation about examination results
18-24 years old (13% of nursing population)	low	slight	only 1% sick leave, 99% no sick leave	54% say ok, 20% say satisfactory, 26% say slight dissatisfaction.
25-34 years old (35% of nursing population)	average	average	48% at least one time sick leave, 36% no sick leave, 16% more than twice sick leave	45% say disagreement of examination and dissatisfaction with exam results, 5% no any comment.
35-45 years old (45% of nursing population)	high	serious	50% at least twice sick leave, 12% more than 4 times sick leaves, 5% no sick leaves, 33% one time sick leave	67% strongly state disagreement of examination and dissatisfaction with exam results including 35% strongly recommend to replace exam in the future.
Over 46 years old (7% of nursing population)	average	average	16% at least one time sick leave, 34% at least twice sick leave	29% no any comment, only 17% strongly state to replace exam in the future.

Some nurse leaders insisted that examination is the only objective way to evaluate a person's knowledge and capacity. But examinations may not necessarily represent a person's real ability. This is because a nurse's poor health condition, low mood and unpleasant environmental factors could have negative influences on his/her examination outcome. Also, it is possible that the stress associated with shame and in turn, financial penalties might affect the nurses' knowledge and abilities. All in all, examinations which are linked with financial penalties are not beneficial to Chinese nurses. Therefore, nurse leaders in China should explore a new nursing educational program to motivate Chinese nurses' learning initiative.

*Form 2: A survey for the degree of examination's satisfaction (after a new education program)*

different age groups	the level of stress (low, average or high)	the effects on social life (slight, average or serious)	sick leaves linked to examination	self-evaluation about the performance of being a lecturer
18-24 years old (13% of nursing population)	3% mention slight stress due to make a speech in the public	No effect on social life	No sick leave	very satisfactory
25-34 years old (35% of nursing population)	No stress	No effect on social life	No sick leave	satisfactory
35-45 years old (45% of nursing population)	11% say lower level of stress, nobody complain moderate and even high level of stress	A slight effect on family life due to fear and other psychological reasons	No sick leave	satisfactory
Over 46 years old (7% of nursing population)	27% mention different levels of stress due to memory loss and insufficient knowledge	54% say because of memory loss, so concern about	No sick leave	54% say dissatisfactory because of memory loss, so concern about poor performance

**DISCUSSION**

**Applying transformational and transactional leadership principles to change the learning culture**

The prime task that is to be managed is cultural

change. It is necessary to combine transactional and transformational leadership to address the change process. Finkelman (2006) proposed that identifying organisation's value and followers' value, and assessing the nature of relationship between them will help in this process. Then the next step is to act on the information to address conflicting values and relationships.

To gather persuasive evidence on the effects of the examinations, the author developed a questionnaire which comprised a series of multiple-choice questions for nurses. In addition, focus group interviews were used to gather in-depth understanding of the problem. Nurses' feelings, attitudes, and their satisfaction towards the examination approach to promote continuing nursing education were explored. This approach uncovered information on their support networks, the level of stress, and impact of examination on their health. The focus groups prompted the nurses to reflect on the current examination system.

#### **Develop and communicate a shared vision to empower employees to make the change**

Information gathered from the initial phase was communicated to the management. Finkelman (2006) suggested that logical analysis followed by the use of good communication skills and persuasive facts were crucial elements during negotiation and meditation. It was also imperative to communicate the outcomes of these surveys to all the nursing staff through hospital and ward meetings, print outs, local nursing newspaper and group discussions. The vision was to motivate nurses to continuously update their knowledge, and to value their professionalism, autonomy and responsibility.

Marsick (1988) pointed out that staff-directed development is an effective way for acquiring new knowledge. Nurses could decide on their learning strategy, e.g. use of professional development handbooks, experience-based learning and/or informal learning.

However, staff might not be ready to take responsibilities for their learning as evidences from the focus group interview it was found that the majority of nurses opposed to the self-development strategy. This could be because 80% of the respondents were female who have the responsibilities in child care, parent care

and other family duties. They might find it difficult to manage their spare time for continuing professional development. Hence, it was necessary to develop strategies to empower them so that they take up responsibilities for their own professional development.

#### **Generate short-term wins**

With support from research evidence, a pilot programme had been implemented in one clinical area - the diabetes ward in the hospital. The study identified the nurses who did not perform well in the examination. They were approached to identify the aspect of diabetes management in the clinical area. To help these nurses to improve their nursing skills and expand their knowledge, they were required to conduct a teaching session for their peers.

In the process, the participants were well supported by means of telephonic conversation from their supervisor to advise on lecture preparation. There was a session to boost their confidence before the actual delivery of lecture to their peers. They were also asked to write reflective journal to examine their belief and attitudes.

A two-prong assessment was used in the process, comprising informal feedback from peers who provided comments on participant's strengths and nurse managers, who provided formal feedback on the participant's competence.

A trial run with one participant showed positive results. She has gained confidence and knowledge in the process and the peers who attended her lecture were impressed with her clear delivery and presentation skills.

From this successful experience, through ripple effects, nurses who have positive experiences would be able to influence their peers and facilitate the changing of nursing education.

#### **Consolidate and produce more change, create a guiding coalition and mobilise commitment**

Increasing staff's awareness of participation in self-directed continuing professional development is an indispensable component to create transformational workplace (Bowles & Bowles, 2000). The success of

the first participant supported the extension of this new approach to other wards, and possibly, the whole hospital. The first participant would be a role model for her peers. She could be efficient to guide other participants with the process. For example, she might assist her peers with collecting lecture's information, making powerpoint and so on.

To evaluate this continuing education strategy, the same questionnaire survey and focus group discussion could be adopted after rolling a trial run in a few wards.

## CONCLUSION

Examination punitive approach might not be effective in promoting professionalism. This paper reported a pilot trial of using transformational and transactional leadership to enhance nurses' continuing

professional development.

In the 21st century, with the deepening reform of nursing, the nurse re-education has become a popular trend. As a result, it is necessary for nurse's leaders to instruct so as to conform to the goal of nursing talents in the new century for the new curriculum system (Wang 2001). Currently, nursing education in China is facing problems such as imperfection of the education concept, lack of humanistic curriculum, less classes for practice, theory work not related to practice, single evaluation tools of teaching. Therefore, our country should carry on the reform of education mode, build international nursing personnel training system, improve the training quality and competition of nursing personnel (Wang, Wei, Gao, 2014).

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