

# Nursing leadership: influencing and shaping health policy and nursing practice

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Accepted for publication 10 March 1998

ANTROBUS S. & KITSON A. (1999) *Journal of Advanced Nursing* 29(3), 746–753  
**Nursing leadership: influencing and shaping health policy and nursing practice**

The leadership discourse in the United Kingdom has to date been concerned with professional issues and as a result has focused upon developing nurses and nursing. This paper reports on the findings of a research study which examined the broader socio-political factors impacting upon nursing leadership. The study forms an integral part of the Royal College of Nursing's leadership programme. The principal aim of the research was to examine critically contemporary nursing leadership within the context of health policy. An ethnographic approach was used. Informal semi-structured interviews were undertaken with a purposive sample of 24 leaders who were recognized for their effectiveness in leading nursing. Data were analysed for themes. The main themes are presented and discussed here. The findings of the study question the political success which the internally focused nature of leadership has had for the profession. Nursing and therefore nursing leadership is shaped dramatically by the impact of politics and policy. The research discovered that in recognition of this, contemporary nursing leadership has both an internal and an external focus. That is, effective nursing leadership currently is a vehicle through which *both* nursing practice and health policy can be influenced and shaped. The research also identified the profile of the effective nurse leader, together with the processes through which leaders interpret and translate between the macro issues of policy and the micro issues of practice. In addition, an understanding of what nursing leadership is, has been proposed. Appropriate recommendations for the future of nursing and nursing leadership are outlined.

*Keywords:* nursing leadership, health policy, nursing practice, critical theory, ethnography

## INTRODUCTION AND BACKGROUND

An examination of the literature reveals that a critical analysis of the theory and practice of nursing leadership is poorly developed, particularly in the United Kingdom (UK) (Hurst 1997). Where previous work on nursing

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leadership has taken place, it has on the whole been internally referenced. That is, it has been concerned with the nature and purpose of leadership (Dean 1993, Rafferty 1993), leadership styles (Rafferty 1993, King & Cunningham 1996), leadership characteristics (Kings Fund 1985, Woan & Whitby 1996) and the development needs of those who aspire to leadership positions (Bryant 1990, Rafferty 1993, Antrobus & Whitby 1994, Malby 1996). Nursing leadership therefore has been viewed to be an internal professional concern and not in the main as being influenced by external events, nor as having an external focus.

The effects of this insular and parochial approach have been that the broader socio-political factors which have influenced the way in which nursing leadership has developed have not been examined. Nursing leadership studies have rarely taken account of the impact of the wider context, nor have they examined how nursing leadership roles have been influenced by health policy.

Leaders have, for the most part, been concerned with orientating the profession to focus upon developing nursing practice (Salvage 1989). The leadership discourse within the UK is only recently considering nursing leadership to be a process through which health policy may be influenced (Rafferty 1995).

Viewing the purpose and processes of nursing leadership as a vehicle through which *both* health policy and nursing practice can be influenced and shaped, is therefore, a new phenomenon.

This poor relationship between nursing and health policy has been documented before. Robinson (1991) in particular notes the political vacuum in which nursing exists. Health policy is often formulated with little input from nurses, except at the level of 'grassroots' implementation. Whether the relatively recent change in political climate in the UK will alter this situation and provide opportunities for nurses to influence emerging health policy is yet to be determined.

The focus of nursing leadership to date reflects the political invisibility of nursing highlighted by Robinson. Acknowledging the leadership void between health policy and nursing practice, this paper reports on the findings of a research study which explored contemporary nursing leadership within the context of current health policy. The study forms an integral part of the Royal College of Nursing's (RCN's) leadership programme. The purpose of the RCN's leadership programme can be found in Box 1.

## THE STUDY

Against this background the following research study was undertaken. The principal aim of the study was to examine critically contemporary nursing leadership in

The RCN's Leadership Programme is a central theme within the RCN's professional work. The principal aim of the programme is to undertake research, education and development projects which inform and provide opportunities for leaders to influence in a political, academic, managerial and clinical capacity. The programme is framed by a critical theory perspective. This perspective provides knowledge which engages nursing leadership with the prevailing social structures and in so doing will expose the factors which promote or inhibit nursing leadership. This approach will enable nursing leadership to be considered in context and will develop the intelligence necessary to inform the development of a nursing leadership strategy. This strategy will provide direction for the RCN's future leadership work.

### Box 1 The RCN's Leadership Programme.

context. The research questions posed attempt to explore the profile of the future nurse leader and examine nursing leadership within the four category areas of political, executive, academic and clinical. The following research questions were specifically explored:

- 1 What is the profile of nursing leaders who are considered to be effective in their leadership role?
- 2 How do leaders position themselves in relation to influencing in a political, executive, academic and clinical capacity?
- 3 What knowledge base and skill set can be identified for influencing in each of these domains?
- 4 How do leaders operate to influence the context within which they are working?

The research questions attempt to uncover and understand the current status and socio-political order of nursing leadership. In seeking to understand methods of leadership influence within existing structures, the research aimed to uncover and critique existing ideologies. The critical paradigm was adopted as a philosophical framework to underpin the research methodology and to inform the analysis of the data.

Critical theory is concerned with more than negative judgement. It refers to a much more positive act of exposing existing beliefs and values that restrict or limit human freedom. In effect, critical theory sets out to explain the social order in such a way as to serve as a catalyst for the transformation of that order (Nielson 1990). The purpose of knowledge generation within a critical framework is to promote social change. Knowledge is dynamic, changing and embedded in the socio-political context of the time (Harvey 1990, Hammersley 1992).

Consequently, within this research, critical theory was used to examine some of the assumptions surrounding nursing leadership and the implications those assumptions have for the way in which nursing leadership is currently understood.

## The method

Informal semi-structured interviews were performed with a sample of 24 nursing leaders recognized by a group of peers for their effectiveness in leading nursing. The interviewees were asked to participate in the study by letter and a mutually convenient date was then set for the interview to take place. Where it was difficult to co-ordinate a meeting, a number of interviews (six) were held by telephone. An interview schedule had previously been developed and piloted. The pilot involved interviewing three individuals identified as having a perspective on nursing leadership by the researcher. The pilot served as a means to test and develop the schedule and the interview skills of the researcher. No major changes were made to the interview schedule following the pilot.

Typically the interviews lasted 45–60 minutes. Assurances of confidentiality and anonymity were given at the start of the interview, together with explanations of the purpose of the research. Interviews were held in person where possible and were taped. Notes were made of telephoned interviews. Although the interview schedule was followed, as themes emerged during individual interviews these were developed further with participants. As the interviews progressed, ideas from previous interviews were checked out which helped to build emerging themes. The interviews all started with the same question, which was to ask each leader if they could locate themselves within a framework. The framework was a square divided into four. Within each quadrant was positioned either political, executive, academic or clinical. Leadership was positioned at the centre spanning all four quadrants (Figure 1).

Following interviews, data were transcribed and then analysed. Analysis took the form of interpreting meaning from the data in an attempt to make some abstract sense of the reality encountered. Transcripts were read as a whole and notes were made of each transcription. Comparisons were then made between the notes of different transcripts in an attempt to look for common themes. Once common themes were emerging, the transcripts and notes were re-read in an attempt to gain some coherence around the

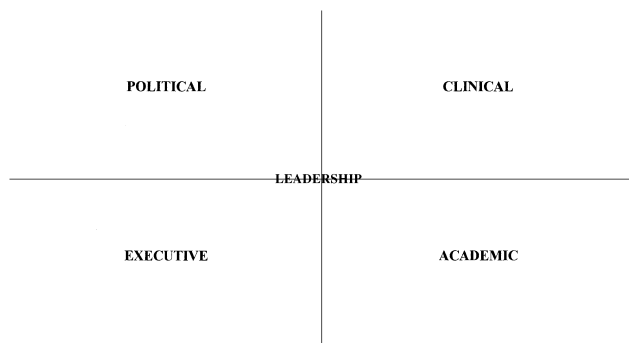


Figure 1 Framework used during the interviews.

themes and to build up a picture which gave an abstract account of the realities of nursing leadership encountered during the research process.

## A critical ethnography

An ethnographic approach was adopted. Ethnography is a way of collecting, describing and analysing ways in which human beings categorize the meaning of their world. It attempts to learn what knowledge people use to interpret their experience and mould their behaviour in the context of their culturally constituted environment (Aamodt 1991).

This study sought to explore the meaning of nursing leadership within a particular cultural context. An ethnographic approach enabled exploration of the underlying construction of leadership and the meaning attached to that construction by those interviewed. It therefore sought detailed descriptive data which facilitated an understanding of nursing leadership and sought to consider how that understanding was informed by the cultural system.

This ethnographic approach was informed by the critical paradigm. Whilst an ethnography is descriptive in orientation, a critical ethnography differs in intent in that the description is informed by socialist and/or feminist politics. It was anticipated that studying nursing leadership from a critical ethnographic perspective would enable the contextual and cultural factors which inhibit nursing leadership to be identified, exposed and subsequently addressed.

## Knowledge generation

The epistemological position of the researcher was informed by the work of Gadamer (1976). Gadamer argues that one cannot separate oneself from one's own historical and cultural context and that it is precisely through the interplay between one's existing cognitions and values and the elements of other cultures that one develops knowledge. In Gadamer's (1976 p. 9) words, pre-judgements:

... constitute the initial directness of our whole ability to experience. Prejudices are biases of our openness to the world. They are simply conditions whereby we experience something — whereby what we encounter says something to us.

Gadamer goes on to argue that pre-judgements are the means by which one reaches the truth and rather than bracketing them, as advocated by Schutz (1967), we should use them as essential building blocks to acquire new knowledge. This does not mean trying to transcend prejudices, but rather it is better to go back and forth between old and new theories, cultures or world views to create a new synthesis.

This process of knowledge development described by Gadamer, is the epistemological position that was adopted for this research. It acknowledges both subject, that is the

researcher and their own position, whilst attempting to integrate this with the object of study by a process that challenges existing frameworks and involves personal learning. Reflexivity on the part of the researcher was essential to the whole process succeeding, for it is necessary to be aware of one's own frame of reference and pre-judgements in order to go back and forth, in the way Gadamer describes.

This study was informed by the critical paradigm. The research approach used was ethnography. Knowledge within this critical ethnographic study was developed using the researcher as a reflexive tool to acquire new knowledge and insights into nursing leadership.

## Findings

It became apparent from analysis of the data that the leadership categories as presented, that is political, executive, academic and clinical were limited in an attempt to understand them as distinct and exclusive threads of leadership activity. Although participants found it relatively easy to place their role primarily within a specific category (Figure 1), further discussion revealed that the categories were not solely role specific. A consistent characteristic of the leaders was their ability to use the knowledge and skills associated with different categories within their sphere of influence. So, for example, a clinical leader who identified themselves as primarily influencing the clinical category, would often draw upon the knowledge and skills they associated with the political, academic and management categories in order to do so.

The leadership categories were therefore re-conceptualized as domains of leadership influence. Each domain of influence had a particular knowledge base and skill set associated with it. The executive role initially viewed as a specific category was considered by those interviewed to be a broader management domain and was therefore re-conceptualized as such.

Participants then, although able to identify a primary focus for their leadership influence as either political, management, academic or clinical, found that they also operated between domains as they perceived their influence to be wider than their primary focus.

That is, a leader who considered themselves to be primarily academic also influenced within the clinical domain and often also the political and/or managerial, either due to the nature of their role or what they saw to be their professional responsibility. Rarely did leaders focus their influence solely within one domain, to the extent that they excluded the influence, knowledge and skills of the other domains.

### *Nursing leadership — towards an understanding*

All leaders in whatever position they were in combined their sphere of influence with clinical practice. That is, it

was nursing knowledge from nursing practice which gave them legitimacy for their leadership influence. This did not mean, however, that all leaders perceived themselves to be clinical leaders, rather nursing knowledge derived from practice was fundamental to the thinking of the nursing leaders and all leaders believed that they influenced clinical practice either directly or indirectly in their leadership role.

For the respondents, nursing knowledge derived from nursing practice was a central component to their leadership philosophy. Accessing and promoting the development of that knowledge was essential to their nursing leadership success. Nursing knowledge within this context was defined as understanding the philosophical basis of nursing, which incorporated an ethic of care and an ideology of caring. In addition respondents had knowledge of contemporary issues within nursing practice, together with knowledge of factors which may promote or inhibit the further development of nursing practice.

Analysis also revealed that nursing leadership has both an internal and external focus. This dual perspective seems integral to understanding nursing leadership. Internally within nursing it is the relationship which leaders develop between the political, academic, management and clinical domains which enables access to and explication of nursing knowledge.

Externally, it is the relationship leaders create between nursing and the socio-political context which enables leaders to position nursing to acquire power and influence. The following analysis examines the leaders' role in operating between nursing practice and the policy context in more detail.

### *Leadership as bridging the policy/practice divide*

The political ideology of the governing party was found to be an overwhelming authority. Political ideology and the policy process were seen to govern the external agenda that nurse leaders were trying to influence and as a result, politics and policy were in fact driving the professional agenda and therefore the leadership agenda.

Analysis revealed that leaders were performing an interpretation and translation role in order to bridge the divide between the policy context and nursing practice. The divide between policy and practice was perpetuated by the ideology and language used by nurses in practice, which differed from the ideology and language of the policy context. In order to traverse the policy/practice divide, nurse leaders needed to understand this difference, for the difference often meant that nursing was not understood, nor considered a priority.

As interpreters, leaders operated between the domains of nursing to interpret nursing issues to the language used within the context. So, for example, leaders interpreted nursing at the interface between practice and academia by

undertaking research which highlighted the impact that nursing had on health outcomes.

As translators, leaders translated nursing to the language and priorities of the context in which they were operating and were seeking to position nursing for meaningful effect. For example, once nursing interventions had been evaluated in relation to health outcomes, nursing was translated by academic leaders in order to influence the academic context. This academic translation was about positioning nursing so that it could compete within the research assessment exercise, and also be seen as credible within higher education, as well as having a distinct contribution to make to interdisciplinary research.

Each context, the academic, management, political and clinical, has its own distinct ideology and as a result each requires a different translation. This is important to grasp, for although the leadership domains were all influenced by the political, the language that leaders needed to adopt to translate to each context was different. For example, management ideology required leaders to position nursing as one of the deciding quality factors within commissioner/provider contracts. This required a translation that emphasized the importance of nursing to corporate business using a language of strategy.

In summary, having interpreted nursing knowledge derived from nursing practice to the domains of political, academic and managerial, the external contextual relationship involved nurse leaders subsequently translating nursing to the language and priorities of politics, academia or management. The art to this translation seemed to be moving nursing from the invisible to the visible, so that in the translation the ideology and values of nursing were not lost, whilst nursing was positioned within mainstream thinking so that it acquired power and influence.

This conceptual shift results in nursing leadership moving from being solely an internally referenced professional concern, to being externally influenced by political processes.

### *The 'bi-cultural' nature of nursing leadership*

The skills leaders had to operate in this dual capacity to influence both nursing practice and health policy, were described by one nurse leader as having the ability to be 'bi-cultural'. Being 'bi-cultural' meant that leaders could hold the values of nursing, whilst recognizing and influencing the values of the contextual ideology. Effective leaders seemed to acknowledge the current dominance of the contextual values in societal thinking and practice, whilst not losing their primary purpose. This proved important for it meant that leaders could operate comfortably and effectively within the context, as they attempted to mainstream the values of nursing within contextual thinking.

**A powerful influential operator:** Working with others to empower them. Creating and sustaining a work environment concerned with explicating common values. Leadership influence is related to the empowering and value driven relationships which leaders create with others.

**A strategic thinker — creating meaning and facilitating learning:** Strategy is about facilitating meaning and establishing processes for learning. It is an emergent process as opposed to being 'top led'. Leaders will enable this emergent process to occur, identify patterns within the process and shape and articulate those patterns into a collective strategy which will provide meaning and vision in a changing environment.

**A developer of nursing knowledge:** Practice development as a process of integrating research evidence with practice and explicating tacit knowledge from practice will be an integral part of leadership. Channelling and translating nursing knowledge from 'grassroots' to collective meaning by the strategic processes described above will also be essential.

**A reflexive thinker:** Understanding self and having a clear understanding of values, purpose and personal meaning is imperative within the complex and ever-changing environment. This will require well-established support mechanisms and processes which will enable structured reflection.

**A process consultant:** Working with and through others will be essential to success. This will require an in-depth knowledge of human processes, communication patterns, problem solving and decision making to enable leaders to intervene in human processes as appropriate to achieve transformational change.

### **Box 2** The skills repertoire.

#### *Skills repertoire*

Common themes were identified from the interview data which profiled the skills repertoire of the future nurse leader. A summary of this profile can be found in Box 2. The research also mapped the knowledge and skill sets required to influence clinically, politically, academically and managerially. A detailed account of the results of this mapping exercise, for each of the leadership domains, can be found within the full research report (Antrobus & Kitson 1997).

## **DISCUSSION**

A number of issues were raised by this research which have a range of implications for nursing. This discussion, however, will focus upon the following three areas. For a more detailed exploration see Antrobus & Kitson (1997).

### **Educating leaders to become practice and policy shapers**

Highlighted within the research was the central position of clinical leaders in explicating and developing nursing

knowledge and the positioning of leaders who influence primarily as academics, politicians and managers who 'feed off' this central core. Yet, leadership within clinical practice offers a limited career structure and has poor status compared to leadership within the academic, management and political domains. This is problematic for nursing for a number of reasons.

The results suggest that clinical leaders play a key role in facilitating and enabling the creativity and innovation necessary for the development of practice. Poor investment in this layer would be detrimental to the development of nursing knowledge and would also limit the role that clinical leaders perform as partners in the interpretation of nursing knowledge to the other leadership domains.

Clinical leaders and nursing practice are at the heart of nursing's future but clinical leaders have limited investment and little incentive to remain within clinical practice. The illustration of a polo mint would appear apt to describe a likely future scenario for nursing, with the centre — nursing practice — becoming empty, devoid of nursing knowledge and leadership skills, as those nurses who demonstrate leadership potential migrate to the mint, which in this case would be the academic, political and management domains.

This scenario would obviously be detrimental to patient care. It would also challenge the legitimacy of the leadership roles of the politicians, academics and managers. The research findings clearly indicate that effective nurse leaders attempt to combine their sphere of influence with clinical practice. With a future scenario for nursing that has leaders with limited interface or linkage with practice and the knowledge contained therein, then it may be time for a radical re-think of career structures for nursing, together with the leadership development needs of clinical leaders.

To enable nurse leaders to operate effectively as both practice and policy shapers, using the skills of interpretation and translation described within the research, what is needed is a re-structuring of career pathways for nurses. This re-structuring would have nursing practice and therefore nursing knowledge as a central component, combining this with roles which position nurses within mainstream positions enabling leaders to influence and shape policy and practice.

This vision, however, has implications for the way in which we currently prepare nurse leaders. There has been much debate in recent years about the precise elements of nursing leadership. This lack of consensus on nursing leadership has led to leadership development programmes for nurses which have emphasized the development of corporate and political skills, often to the detriment of nursing knowledge.

The research findings demonstrate, however, that as interpreters and translators nursing leaders are the vehicle

for acquiring recognition for the nursing contribution to health issues within the broader socio-political framework, whilst also facilitating and enabling the development of nursing practice and the nursing knowledge resource.

To influence both nursing practice and the management, academic and political contexts will require leadership development programmes that consider two key elements. Firstly, the skills repertoire of the future nurse leader. This repertoire is built around a central core that is concerned with developing nursing practice and explicating nursing knowledge.

Secondly, equipping nurses with the knowledge and skills to operate successfully within the academic, management and political contexts. Leadership programmes which provide the requisite level and content of education to enable nurses to access the power sources and language used within each ideology may provide the springboard necessary for nurses to be 'bi-cultural' and enter into power elites as equal partners.

### **Translating nursing knowledge to the broader health picture**

The research identified that nursing knowledge derived from nursing practice was an integral component of the skills repertoire of effective nurse leaders. It seems, however, that the understanding nurse leaders had of nursing knowledge was broad for it encompassed the contribution that nursing made to the much broader public health agenda.

This broader definition of nursing knowledge enabled leaders to interpret and translate between practice and policy, influencing the context in which they were operating. This shift in perspective, from nursing as solely a 'hands-on' operational concern, to a much broader strategic view of nursing, seems key to leaders being able to influence the contextual ideology with nursing knowledge.

Viewing nursing as an active contributor to the nation's health is, however, currently limited by a number of factors. The majority of nurses traditionally work as direct care-givers within clinical practice. Because of this the populist view of nursing, reinforced by media images, is that nurses are solely concerned with operational issues related to care delivery. Confined to care delivery, the nurse is viewed, in scientific management terms, as analogous to a factory worker on the shop floor. The factory does not need input from the shop floor worker at the level of strategy. Rather, the factory worker is informed of strategic decisions related to factory business and is managed accordingly.

If however, the contribution nurses make is publicly acknowledged within public health in addition to care, then it becomes easier to demonstrate the contribution

nursing makes to the public health business of the NHS at the macro level of policy, in addition to the micro level of practice.

### Developing mechanisms to acquire greater political influence

The research data demonstrated that political ideology and the policy process shape the profile and processes of nursing leadership, whether that leadership is primarily political, clinical, academic or managerial. Effective nursing leadership within each domain is therefore currently limited by nursing's political reactivity. Health policy to date has largely been formed and imposed with limited input from nursing, although there are notable exceptions to this. The work of the Royal College of Nursing (RCN) is of note, having developed a voice on the value of nursing which has credibility within political arenas.

This lack of input from nursing on issues of political importance for health is not a new concern. Nursing historically has lacked influence in policy formulation (Robinson 1991). What is of interest from the findings of the research is the extent to which nursing's actual and potential influence is shaped by the political process. The importance of politics for nursing cannot therefore be underestimated. Politics shapes nursing and therefore nursing leadership. To influence for nursing one needs to understand and influence the contextual ideology, which is shaped by the political.

The research data suggest that the interpretation and translation role performed between practice and policy is undertaken by individual nurse leaders. This individualistic approach has limitations. The strength nursing has will be in its ability to develop a collective voice on issues of political importance (Rafferty 1995). A unified voice and clear direction on policy issues will therefore assist nursing to shape a powerful position.

Creating a policy voice for nursing by establishing one, or a number of nursing policy units may provide the answer. A policy unit would need to develop the intelligence necessary to analyse health policy, drawing out the implications for patient groups and communicating nursing's professional response. It would also need to profile itself as a credible research agency and 'think tank' in its relationship to and influence with the government of the time.

### CONCLUSIONS

This research has provided a critical analysis of contemporary nursing leadership within the context of the current health policy arena. It has examined nursing leadership within a wider socio-political framework and by so doing has questioned the internally referenced nature of the existing nursing leadership discourse. In

addition, the research has emphasized the extent to which the political framework and the policy process shape the context in which nurses operate.

As a result of that contextual shaping politics has a defining effect on the nursing leadership response. In order to be effective nurse leaders operate as interpreters and translators. As interpreters, leaders operate to translate nursing issues between leadership domains with the intention of developing nursing practice. As translators leaders operate within the contextual environment to translate nursing issues into a language of influence for that context and to translate any changes in that contextual environment to their domain of nursing influence.

Five recommendations have been drawn from the research which are wide ranging. They aim to address issues external to nursing as well as internal professional concerns. An approach which addresses both professional and contextual issues is necessary for focusing within nursing alone, to address what is perceived by many to be a nursing leadership problem, discounts the contextual issues highlighted by this research. These contextual issues unless acknowledged and overcome will limit the nursing leadership agenda.

The recommendations are:

- 1 Continual investment needs to be made in the clinical leadership resource as a vehicle to influence and shape both policy and practice.
- 2 Those in a position to create a collective approach to policy analysis and policy development for nursing should consider establishing a national policy unit.
- 3 Actual and potential leaders of nursing need to be conversant in health and social policy, and the art and science of management and research, whilst sustaining their knowledge of the contemporary issues associated with nursing practice.
- 4 Career pathways for nursing which integrate the political, managerial, academic and clinical domains require further exploration.
- 5 A programme of research into nursing leadership requires urgent development.

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