



USING THE PATH-GOAL THEORY OF LEADERSHIP TO ENHANCE ADMINISTRATION OF NURSING CARE SERVICE

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Abstract: - The organization of nursing services is provided through a system of leadership necessary to coordinate nursing care. Leaders, to be effective, engage in behaviors that complement subordinates' environments and abilities in a manner that compensates for deficiencies and is instrumental to subordinate satisfaction and individual and work unit performance. Robert J House's Path-goal theory proposes that the leader can affect the performance, satisfaction, and motivation of workers in different ways like offering rewards for achieving performance goals, clarifying paths towards these goals and removing obstacles to performance. The path-goal theory describes the way that leaders encourage and support their followers in achieving goals. The leaders clarify the path so subordinates know which way to go, remove roadblocks that are stopping them going there and increasing the rewards along the way. The leaders do this using any or a combination of directive behavior, supportive behavior, participative behavior or achievement-oriented behavior. Path goal theory is applied successfully in nursing education, research, practice and administration. In performing the administrative roles, the nurse administrator is careful to delineate roles for the followers, generate performance targets, remove impediments along the path, and is consistent about rewards and punishments for performances. Nursing research is practice or discipline-oriented and is essential for the continued development of the scientific base of professional nursing practice Path-goal theory applied in nursing education promises enhanced learning outcome and effective mentorship. The crystallization of all activities in nursing administration, nursing education, and nursing research takes place in nursing practice. This is where all efforts put into all the other departments reflect in enhanced patient outcome. The overall outcome of application of path-goal theory of leadership is satisfied nursing staff, attainment of organizational goals and positive patients care outcome. Specifically, path-goal theory of leadership leads to improved patient safety outcomes (Tregunno *et al*, 2009) healthy work environments (Shirey, 2009), job satisfaction (Sellgren *et al*, 2007); lower turnover rates (Gelinas and Bohem, 2000), positive outcomes for organizations, patients (Wong and Cummings, 2007) and healthcare providers (Cummings *et al*, 2005). It is recommended that Nurse leaders should be encouraged to adopt the path-goal theory in all relevant levels and areas of application.

Keywords: Path-goal. Leadership. Enhance. Professionals

Introduction: Health care of patients is provided by health care professionals. There are, in a formal health care environment, several professionals belonging to different disciplines that coalesce their efforts to help meet patients' health care needs. Nurses are among the health care professionals' team that also includes physicians, pharmacists, physiotherapists, etc. The importance of effective leadership in health care has been emphasized (Sutherland and Dodd, 2008). Nursing leadership is pivotal to this because nurses represent the largest discipline in health care (Roussel *et al.*, 2009; Sullivan and Garland, 2010). There are many approaches on leadership field such as trait and personalities, behavioral, contingency or situational, transactional, transformational and self-leadership approach. The organization of nursing services is provided through a system of leadership necessary to coordinate nursing care. Nurses are highly trained professionals in the art and science of providing care to clients, sick or well, to optimize their health care needs. It is the goal of nursing to improve services provided to clients, and this it could achieve through focused leadership. Leaders, to be effective, engage in behaviors that complement subordinates' environments and abilities in a manner that compensates for deficiencies and is instrumental to subordinate satisfaction and individual and work unit performance (House 1996, 324). Leadership in itself is a process of social influence which maximizes the efforts of others, towards the achievement of goals (Kruse, 2013). In path-goal theory, the followers carefully consider alternative courses of action and assess the likelihood that each course of action will yield desirable as well as undesirable outcomes. After consciously considering these alternative

actions, the followers act in a manner they believe will maximize the attainment of positive outcomes while minimizing the occurrence of negative outcomes (Knight, Shteynberg and Hanges, 2011). Effective Leadership must be able to motivate their subordinates to do their best and exploit all their potentials to contribute to the development of their organization, as well as to achieve job satisfaction that contribute significantly to reduce the turnover rate among the employees (Alanazi, Alharthey, and Amran, 2013). Using this conceptualization of motivated behavior, path-goal leadership theory suggests that an effective leader directs followers' behaviors by changing followers' perceptions of the relationship between behaviors and outcomes. Robert J House's Path-goal theory proposes that the leader can affect the performance, satisfaction, and motivation of workers in different ways like offering rewards for achieving performance goals, clarifying paths towards these goals and removing obstacles to performance. The ultimate goal is to get the best out of the workers, and the workers getting the most satisfaction for their efforts. Nursing care of patients would be enhanced when nursing leaders apply the principles of the path-goal theory of leadership to guide subordinates through a path that helps them achieve goals satisfactory to all concerned parties – patients, nurses and employers. It is on this premise that the paper proceeds to:

Objectives

- Explain basic concepts of path-goal theory of leadership
- Discuss the fundamental assumptions of path-goal theory of leadership
- Describe leadership behaviors in path-goal theory applied to nursing services
- Discuss the application of path-goal theory of leadership to nursing services for enhanced goal performance

Explanation of Basic Concepts and Historical Context of Path-Goal Theory of Leadership:

The path-goal theory of leadership indicates that a leader's main objective is to provide guidance,

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support, and help necessary for subordinates to achieve their own goals effectively besides the organization's goals. The theory states that a leader's behavior is contingent to the satisfaction, motivation and performance of the subordinates. The leader engages in behaviours that complement subordinate's abilities and compensate for deficiencies. The Path-Goal theory developed by Robert House is the most effective contingency approach to leadership.

The path-goal theory describes the way that leaders encourage and support their followers in achieving goals they have by making the path that they should take clear and easy. The path goal theory is predicated on the leadership behavioural theory. This is far removed from the trait theory of leadership and suggests that it is not 'personality' but particular 'behaviours' that determines whether or not a leader is successful. The development of this approach was stimulated by managers, consultants and researchers who tried application of different leadership theories. They discovered that what worked in one situation failed completely in another. The contingency approach attempts to answer why by saying that results differed because situations differed (Okoronkwo, 2005). The path-goal theory of leadership was developed to describe the way that leaders encourage and support their followers in achieving the goals they have been set by making the path that they should take clear and easy. Path-goal theory in action motivates staff to achieve goals.

Specifically, leaders in path-goal theory:

1. Clarify the path so subordinates know which way to go
2. Remove roadblocks that are stopping them going there
3. Increase the rewards along the way

In clarifying the path, leaders may be directive or give vague hints. In removing roadblocks, they may scour the path or help the followers move the bigger blocks. In increasing rewards, they may give occasional encouragement or pave the way with gold.

During the 1950s and 1960s, leadership researchers primarily focused on identifying the behaviors of effective leaders. Although many specific behaviors were identified by researchers at the University of Michigan and the Ohio State University, they independently classified these behaviors into two general categories: initiating structure and consideration. Initiating structure, encompassing production-centered leader behaviors, refers to leader behaviors that clarify performance expectations for subordinates. Examples of initiating structure would be the leader implementing a formal performance appraisal system or the leader setting specific production goals. On the other hand, consideration covers more employee centered behaviors and refers to leader behaviors that communicate concern for followers' welfare. Examples of consideration behavior would be the leader publicly defending the interests of followers or publicly expressing appreciation for followers' work.

Unfortunately, although the research on leader behavior initially appeared to eliminate the ambiguity of prior findings, it soon became apparent that a singular focus on behavior is also insufficient for identifying when a leader would be effective. For example, some behavioral studies found that initiating structure enhanced follower performance, whereas other studies showed no effect or even a negative effect on follower performance. Clearly, factors other than leader behavior (e.g., situational conditions, leader personality, follower beliefs) have to be considered to understand when leader behaviors will produce effective follower performance.

In 1970, Martin G. Evans published a paper that considered some of these additional factors by connecting the leader behavior research to the most popular motivation theory of the time: Victor H. Vroom's (1964) VIE (valence, instrumentality, and expectancy) theory. VIE theory states that the motivation to act in a certain way depends on the valence, instrumentality, and expectancy beliefs of individuals. Valence refers to an individual's

assessment of the desirability of the outcome. Instrumentality refers to an individual's belief in the likelihood that a particular performance outcome leads to particular outcomes/rewards. Lastly, expectancy refers to an individual's belief in the likelihood that a particular behavior results in various performance outcomes.

VIE theory states that these three beliefs interact in determining motivated behavior. Specifically, if only one of the aforementioned beliefs is low for a particular action, then it is predicted that the individual will be less motivated to take that action.

In 1971, Robert J. House extended Evans's ideas when he articulated the role of contingencies in Evans's model. This elaboration by House is called the "path-goal theory of leader effectiveness."

Since its initial formulation, there have been two major refinements of path-goal theory. The first refinement, in 1974, was primarily concerned with issues of leader behavior measurement. The second refinement, in 1996, was focused on contemporizing the theory.

Fundamental Assumptions of Path-Goal Theory of Leadership: Robert J. House described the path-goal theory of leadership in 1971. He made three assumptions about human behaviors. The first, in line with VIE theory he stated that subordinates behave in rational self-serving manner. Secondly, he stated that people are uncomfortable and experience stress in ambiguous situations i.e. when roles are not clearly defined. Thirdly, he stated that reduction in role ambiguity would increase workers satisfaction and performance. From these three assumptions, House condenses his theory into two (2) categories which are, 1). Path-goal clarifying behaviors and 2) subordinates' need fulfilling behaviors.

The **path-goal clarifying behavior** parallels the '**initiating structure**' focusing on production. House argued that leaders would be effective if they use their reward power to effect desirability of outcomes associated with attaining and not attaining work goals. In effect, role ambiguity is

reduced as the subordinate knows what will result (rewarded or punished) if he attain or fails to attain work goals. In addition, leaders need to strengthen subordinates' path-instrumentality beliefs. To do this, the leader must be seen to consistently deliver the reward or punishment depending on the outcome achieved by the subordinates. In terms of **subordinate need fulfilling behavior**, which is conceptually similar to leader **consideration behaviors**, House proposed that subordinate performance can be enhanced by leader behaviors that fulfill subordinate personal needs. This would increase the subordinate drive to achieve goals bearing in mind that his concerns are put into consideration.

Thus, the basic tenets of path-goal leadership theory are that leaders will effectively motivate followers by making the outcomes associated with work goal achievement desirable and by helping followers understand the behaviors and strategies that will lead to these desirable outcomes.

Refinement of Path-Goal Leadership Theory: Since its initial formulation, there have been two major refinements of path-goal theory. The first refinement, in 1974, was primarily concerned with issues of leader behavior measurement. The second refinement, in 1996, was focused on contemporizing the theory. In 1974, House and Mitchell elaborated path-goal theory by increasing the specificity of the two general types of leader behaviors. The revised version argues that the leader engages in behaviors that complement subordinates abilities and compensate for deficiencies. To facilitate measurement, they proposed four distinct types of behavior:

1. Directive path-goal clarifying behavior,
2. Supportive leader behavior,
3. Participative leader behavior,
4. Achievement-oriented behavior.

The nurse leader should pick a leadership Style that is specific to the personalities of the members of the group (Novinson, 2014).

First Change in 1996 Refinement (individual focused)

In 1996, House attempted to contemporize path-goal theory by expanding the theory's predictions about how leader behavior can enhance follower ability. House claimed that by intentionally working to develop follower abilities, and by acting as role models of effective task behaviors, leaders can facilitate the growth of follower task abilities. Leaders clarify how followers should complete tasks by modeling appropriate role behaviors. Further, leaders can affect the development of followers' abilities by individually attending to the capabilities of each follower. House believed that follower ability improvement should result in enhanced follower performance.

Second change in 1996 Refinement (group focused)

A second change to path-goal theory made in 1996 was the inclusion of predictions regarding the effect of leader behavior on work-unit performance. All prior versions of the theory focused on the individual relationship between a leader and a follower. In the 1996 version, however, House recognized the importance of work group leadership and expanded path-goal theory to incorporate how a leader can enhance the performance of an entire work group.

Specifically, he predicted that group performance should improve when the leader acts in ways that enable meaningful interactions among work group members as well as develop quality relationships between the work group and the rest of the organization. Additionally, the leader can augment group performance by facilitating access to necessary resources for the group. Thus, this new version of path-goal theory not only discusses the role of the leader in motivating an individual, but also extends this theory to explain how a leader can affect a group as an aggregate.

Leadership Behaviors in Path-Goal Theory Applied to Nursing Services

❖ Directive path-goal clarifying leader behavior

This connotes a situation where the leader helps the followers have full knowledge of what is expected of them and demonstrates to them how to perform their tasks. This style can be adopted where the workers are not highly experienced and need assistance on how to accomplish their tasks (Novinson, 2014). Directive leader behavior help guide nurses regarding performance, goals, standards, and expectations. The nurse leader has to clarify staff performance goal, providing guidance on how employees can complete task; clarifying performance standards and expectations; use of positive and negative rewards contingent on performance. The leader clearly links performance to rewards and punishments. This is similar to the initiating structure earlier discussed. This approach would be appropriate to guide student nurses, new staff, and junior nurses who may still be learning the ropes. The leader may need to be firm, tasking, yet supportive of the subordinates. The leader must be willing to teach, model and motivate performance.

Example of Directive leadership in nursing:

The nurse leader takes control of her subordinates and work environment. The leader issues specific instruction and directs what must be done and how it must be done. The nurse leader may direct the nurses to always monitor patients at specific intervals, provide care following a specific pattern e.g. insisting on caring for every patient using the nursing care plan. The leader insists that methods that were not yielding positive results must be abandoned, patient records must be properly kept and presented, taking and handing over of patients must be properly done etc.

❖ Supportive leader behavior:

It is directed towards the satisfaction of subordinates needs and preferences. The leader shows concern for the followers' psychological wellbeing. The Ohio state university model views it as "consideration leader behavior". It involves considering the needs of the followers, showing concern for their welfare and creating a friendly working environment. The nurse leader

wants to keep everybody happy with themselves and others (Novinson, 2014). The nurse leader is relaxed and provides an open door policy to discuss issues in the department. There could be scheduled meeting to garner assistance and feedback from the nurses. There must be value based behavior that establishes vision, display passion for and supporting accomplishment. The leader makes the work environment an enjoyable place and expresses concern for the personal welfare of followers. The reduction in stress and frustration results in performance boost by the followers.

Example of Supportive leadership in nursing

A nurse leader charging the ward with many subordinate nurses, recognizing that each nurse has personal/family responsibilities and challenges, would listen to requests and complains from her subordinates who are in need. She realizes that when she gives a listening ear to their concerns, grants waivers where necessary and excuses to duty when pressed, would help a hard working staff stay motivated for improved performance. She provides necessary encouragement to the staff to improve their general performance and organizational goals realization.

❖ Participative leader behavior:

It involves considering followers' input and valuing their opinions when making decisions that affect them. The leader opens dialogue and tries to bridge the gap in relationship with the subordinates. The leader consults with followers asking for their suggestions before making a decision. Information sharing with workers also help pursue cooperation. This style applies also in the theatre where participation as team is crucial. This type of leader behavior is essentially a combination of directive and supportive leader behaviors. House and Mitchell claimed that the impact of this type of behavior is highly contingent on followers' personality. This approach is best when the followers are experts and their advice is both needed and they expected to be able to give it.

Example of Participative leadership in

nursing: A leader of a unit who shares decision-making with the staff e.g. duty roster drafting, job distribution and assignment, leave scheduling and asking their opinion and suggestions on crucial decisions uses a participative approach. Seniors and specialist nurses would expect that their input be sought in areas of their expertise or they view their neglect as incompetent leadership.

❖ Achievement-oriented behavior:

This is also a combination of directive and supportive leader behavior, is concerned with enhancing follower performance in an almost inspirational manner. Emphasis is on excellence. The leader sets challenging goals for followers, expects them to perform at their highest level, and shows confidence in their ability to meet this expectations. The leader encourages the subordinates to think outside the box. They set challenging goals, seeking continuous improvement. Leaders engaging in such behavior express confidence in the capability of followers to reach their goals and encourage followers to set high goals and elevate standards of excellence. The status quo which has not reflected in quality nursing care and patient outcome must not be accepted. Nurses must be made to improve on patients observation, recording, reporting, care delivery, etc. The net result is an overall increase in follower performance and satisfaction.

Example of Achievement oriented leadership

The leader of a unit sets target for the staff in the unit which could be, for example, charging a particular nurse with ensuring that an unconscious patient does not develop decubitus ulcer on admission, or that a dirty wound becomes clean and healed within specific time frame under a subordinate intervention. The subordinate is motivated by the task and sees that a show of confidence in her abilities by the leader.

House claimed that by intentionally working to develop follower abilities, and by acting as role models of effective task behaviors, leaders can facilitate the growth of follower task abilities.

Leaders clarify how followers should complete tasks by modeling appropriate role behaviors. Further, leaders can affect the development of followers' abilities by individually attending to the capabilities of each follower. House believed that follower ability improvement should result in enhanced follower performance.

Adapting the Fundamental Principles of Path-Goal Theory of Leadership in Nursing:

The fundamental principles of the path-goal theory of leadership emphasize the roles of the leader towards subordinate goal achievement holds promises for the improvement of nursing care services. Applying the principles of the theory, which are expected of leaders using the path-goal theory, there would be positive outcomes for the recipients of nursing services. The leader should,

1. Clarify the path so subordinates know which way to go
2. Remove roadblocks that are stopping them going there
3. Increasing the rewards along the way

In the field of nursing, the nurse leader deliberately exercises her roles with the goal of eliciting the maximum cooperation of the subordinates by factoring in their satisfaction and the goals of the organization. Path-goal theory in action motivates staff to achieve goals (Taylor, 2014). Nurses will show increased confidence to achieve work outcome when they receive support from the leader. This motivates nurses and they feel as though obstacles are removed so their task can be completed. Thus,

➤ Clarify the path so subordinates know which way to go

A nursing leader directs subordinates in their roles. Even though nurses are highly trained professionals, the roles of leaders in ensuring effective service delivery are non-negotiable. In delivering services, education, administration and research, the nurse leader is a beacon of excellence. The nurse leader provides clear path, removes role ambiguities and helps the subordinate tow a clear path to the goal, and delivers the reward or punishment depending on

the performance outcome.

The nurse leader sees the path and shows the followers what to expect when the path is treaded. There is emphasis on role-modeling. The leader is an expert in the field and willing to show followers the path to personal satisfaction and achievement of organizational goals. Path clarification reflects the 'initiating structure' model where production is emphasized to achieve organizational goals. The followers are helped to the path where roles are performed joyfully, with assistance and boost provided by the leader.

The clients (patients) under the care of nurses whose leaders have clarified the path to their goal, effective passionate care are expected. This is because the nurse would provide care with confidence, joy and satisfaction.

➤ Remove roadblocks that are stopping them going there

There are many obstacles that the nurse encounters in the course of discharging her roles. The nurse leader comes in here to help remove the roadblocks. This principle is related to the 'consideration' approach whereby the leader puts the needs, concerns and worries of the subordinates into perspective. The roadblocks may be personal or organizational and the leader should be able to identify them and help remove them. It may be an unfamiliar procedure, or a difficult client, or a stringent working condition or environment, or a lack of confidence. All are obstacles that could impede performance and goal attainment. The leader must not use a subordinate's weakness to mock or ridicule him or her, but seize the opportunity to encourage, motivate, and instill confidence in him or her to overcome the obstacle. The leader needs to realize that they are role models to the subordinates and that management has put them as leaders to assist in getting out the best from the subordinates.

➤ Increasing the rewards along the way

In this, leaders consciously make the path attractive. The job satisfactions of subordinates are upheld by rewards to motivate them to

greater goals attainment. The goals attained are recognized, and consistent approval provided to the subordinate. It may take the form of a pat on the back, a complimentary look, a praise, increase in wages, off-duty, nomination to attend workshop/seminar/conferences, recommendation for promotion etc. The leader clearly and consistently approves good performance by occasionally raising the stakes and supporting higher goals attainment. The leader recognizes that he has a duty to help the subordinate deliver his best performances and such is usually encouraged with a commensurate remuneration – cash or kind. The follower in return, in the absence of ambiguities, availability of adequate and favourable conditions, and the situation is not hostile, would be motivated to perform with high output.

Application of Path-Goal Theory of Leadership to Nursing Services For Enhanced Goal Performance:

The path-goal theory of leadership can be considered a variant of transactional leadership theory, where the leader is clearly directing activities and the only factor that varies is the manner in which it is done. There are some aspects of contingency theory, as well, where approaches to application vary with the situation. The contingency or situational approach to leadership is based on the belief that there cannot be universal guidelines which are suitable for all situations. The leader sees a path that needs to be tread, one leading to the accomplishment of a goal and he or she attempts to clear it and get the group members to tread on it. The leader may cajole, command, reward or punish, get suggestions from the group, or sugar coat the tasks, if necessary, but it is clear that democracy is not the hallmark of this method. Improved nurse relationship can increase engagement with patients, which has been shown to increase the quality of care (Taylor, 2014).

The four different approaches commonly adopted by path-goal theory leaders are directive, supportive, participative and achievement leadership. Each leader decides,

according to his personality, the task at hand, situation, environment, and the followers' abilities what approach to adopt. Whichever leadership approaches a nurse leader adopts, he or she endeavour's to apply the basic principles of path-goal theory of leadership which encompasses path clarification, obstacles removal and rewards for goals attainment.

One could safely refer to path-goal theory as a leadership participation method, where the leader does what he or she can to clear a path for the group members to act. This is by delineating clearly what is to be done, removing obstacles, and rewarding those who perform well. In nursing administration, nursing education, nursing research and nursing practice, path-goal theory may be applied with assured results of motivated goal performance and job satisfaction for both the leader and the followers.

Nursing Administration: Leadership is the process of guiding and directing the behavior of people in the work environment (Nelson & Quick, 2009). A nurse leader who applies path-goal theory of leadership is one who has accepted his or her role as a nurse leader and is willing to function in that capacity to help his or her organization get the best out of the workforce. In performing the administrative roles, the nurse administrator is careful to delineate roles for the followers, generate performance targets, remove impediments along the path, and is consistent about rewards and punishments for performances.

Path goal theory adopts a blend of 'initiating structure' and 'consideration' styles which insists on goal performance and ensuring that the workers' needs and concerns are addressed. Nurse administrators applying path-goal theory endeavor to remove all role confusion and ambiguities, define performance goals, elicit workers' concerns and ensure their welfare in the process. Nurses, as knowledgeable followers (having received comprehensive education and training) do not require too much directives, but must have a clearly spelt goal for performance, structured tasks and an assurance of adequate

and commensurate remuneration. One of the banes of nursing today is the inability of nurse administrators to influence policy direction in health care system. This has resulted in great disparities in remuneration and exploitation felt by nurses compared to other members of the health care team. Nurse administrators need to engage in policy formulation and active representation of nurses' interests to harvest for their profession adequate reward for their labour, which is indeed, arduous. This would help ensure improved performance and job satisfaction for nurses.

Nursing Education: Nursing education is done to develop nursing practice. In defining nursing leadership, Antrobus and Kitson (1999) see it as "empowering others, facilitating learning, developing nursing knowledge, working with and through others to achieve success". The application of path-goal theory in education is apt. Path-goal theory involves three clear themes viz. clarifying paths, removing roadblocks, and paving the way with rewards; the theory fits well in nursing education. The nurse educator, with a goal of producing highly trained and disciplined professionals for nursing, has his goals clearly spelt. The nurse educator fancies the opportunity to apply the first part, clarifying the path to the goal. The goal here is acquiring knowledge and expertise to practice as nurses. The goal is set before the learners and the nurse educator proceeds to remove obstacles along the path. The obstacles may be inherent in the learners, situational, or environmentally induced. The nurse educator proceeds to direct, support, participate (assist) or stimulate achievement by raising the stakes and prompting the learners to aspire higher.

Path-goal theory applied in nursing education promises enhanced learning outcome and effective mentorship. Preceptorship in nursing education mimics path-goal principles where nurse leaders help guide and shape future professionals, and mould them into balanced practitioners. The nurse educator is satisfied with the outcome of his or her efforts as

reflected in the performances of the learners, and their subsequent contributions to the field of nursing. Nurses who learned with a leader applying path-goal principles would be effective in practice and lead to improvement of nursing care and patients' outcome.

Nursing Research: Nursing research is a detailed study of a problem in the field of nursing. Nursing research is practice or discipline-oriented and is essential for the continued development of the scientific base of professional nursing practice (Mosby medical dictionary, 2009). The field of nursing research is one that must be sustained as the soul of the nursing profession. Applying path-goal theory to nursing research would involve clarifying the path for the researcher by nurse leaders. A clearly defined objective is necessary, which may be to verify, augment, evolve or generate knowledge to enhance practice. All impediments to the realization of the goals of research are identified and moved away from the path. Appropriate approach is developed by the nurse leader to assist the nurse researcher. The nurse leader may adopt the directive style when it is obvious that the nurse researcher is experiencing difficulties or the task is unstructured. He or she directs on what should be done. The nurse leader may adopt the supportive, participative or the achievement styles according to his analysis of the nurse researcher's capabilities and personality. The identified impediments are removed and the leader proceeds to highlight the rewards that await the nurse researcher on achievement of the envisaged goal. The nurse researcher may be motivated through grants, provision of requisite research support and other incentives. The overall outcome of path-goal theory of leadership facilitated research is a well-

executed research result that carries all the hallmark of a properly supervised study. Such outcome is employed to positively drive practice.

Nursing Practice: The crystallization of all activities in nursing administration, nursing

education, and nursing research takes place in nursing practice. This is where all efforts put into all the other departments reflect in enhanced patient outcome. Antrobus and Kitson (1999), suggested that 'all leaders in whatever position they were in combined their sphere of influence with clinical practice'. Nursing care, which involves nursing of the client irrespective of age, sex, sexual orientation, political leaning, and social status or health conditions, is expected to improve. This would be manifested in increased disease prevention, health promotion, and health awareness, reduced hospitalization, reduced morbidity, reduced mortality and increased job satisfaction. As seen earlier, path-goal theory of leadership emphasizes participation of the leader. This is role-modeling and the leader serves as a beacon for the subordinates. The nurse leader demonstrates proficiency in practice and knowledge, and would be looked up to by the subordinates. Nursing leader who applies the path-goal theory of leadership defines clear goal for followers who exercise commitment to tasks. The clear path defined are scoured by the leader, thereby removing obstacles that would interfere with the provision of honest and proficient nursing care delivery to clients. Effective, balanced implementation improves morale and clinical performance of nursing staff (Taylor, 2014).

Outcome of Effective Leadership: Leadership is crucial to stakeholders in the health care delivery system. Path-goal theory of leadership has been demonstrated to influence outcomes related to:

- Improved patient safety outcomes (Tregunno *et al.*, 2009)
- Healthy work environments (Shirey, 2009)
- Job satisfaction (Sellgren *et al.*, 2007)
- Lower turnover rates (Gelinas and Bohlen, 2000)
- Positive outcomes for organizations, patients (Wong and Cummings, 2007) and
- Healthcare providers (Cummings *et al.*, 2005).

Summary: The path-goal theory was developed

by Robert J. House. According to this theory, followers consciously consider alternative courses of action and assess the likelihood that each course of action will yield desirable outcomes. The followers then go on to act in the manner supposed to maximize attainment of positive outcome. The leader adopts three approaches of clarifying the path to a goal, removing obstacles along the way to the goal and providing rewards for the subordinate along the way to the goal. Depending on the leader's personality, learner's characteristics, situation and environment (contingencies), the leader may adopt one of four styles viz. directive, supportive, participative or achievement. With the Directive style, the manager orders workers to carry out each task, giving exact directives. With Supportive leadership, the manager focuses on keeping workers happy with the manager and each other. The manager can also select Participative leadership, allowing the worker to make certain business decisions after consulting with one another. With Achievement oriented leadership, the manager uses bonuses and prizes to motivate employees. Application of the path-goal theory in nursing brings about increase motivation, job satisfaction, improve in patient outcome.

Conclusion: The path-goal theory of leadership applied to nursing services guarantees satisfied workforce, pragmatic leadership, and organizational goals attainment, and enhanced patient care outcomes.

Recommendations

- Nurse leaders should be supported and included in the policy making bodies so they could help influence nurses related decisions.
- Nurse leaders should be encouraged to adopt the path-goal theory in all relevant levels and areas of application.
- Empirical application of path-goal theory of leadership should be done in some local settings to harness the benefits on nurses and their organizations.
- Nurse leaders should endeavor to provide

sound working environment for nurses to assist them in attaining personal and organizational goals.

- Nurse leaders should help clarify tasks and task goals to remove ambiguities that could create role confusion in nursing thereby hampering their performances.

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