

Nursing and values-based leadership: A literature review

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Abstract

Aim: To explore literature that supports an understanding of values-based leadership in nursing.

Background: Understanding values-based leadership in nursing means understanding several leadership theories such as authentic, servant and congruent leadership.

Evaluation: Electronic databases were systematically searched to locate studies with the terms values-based, authentic, servant and congruent leadership. The literature was assessed with the Joanna Briggs Institute Critical Appraisal Tools and the Preferred Reporting Items for Systematic Reviews and meta-analysis approach and a thematic analysis.

Key Issues: Existing evidence focuses on specific perspectives within three dominant leadership approaches under the umbrella of values-based leadership: authentic, servant and congruent leadership. Limited literature suggests that values-based leadership can support professional collaboration, enhanced trust and voice for nurses, support for staff well-being, empowerment, job satisfaction, patient-focused outcomes and quality care.

Conclusions: A dearth of empirical literature concerning values-based leadership and nursing exists. Evidence suggests that authentic, servant and congruent leadership correlate with values-based leadership theories and core nursing values.

Implications for Nursing Management: Nurse managers should recognize the potential benefits of a values-based leadership approach for staff well-being, enhanced professional collaboration and the nurses voice, improved insight into clinical leadership attributes and improvements in quality patient care.

KEYWORDS

authentic leadership, congruent leadership, nursing leadership, servant leadership, values-based leadership

1 | INTRODUCTION

In the 21st century, theories of leadership have re-emerged, with a focus on the leader's value base. Copeland (2014) identified 11 leadership theories situated within the sphere of values-based leadership; however, these all pertained to a business-management focus. In conducting this review, it emerged that within nursing, three main leadership theories appear under the umbrella of the values-based

leadership domain. As such, this review went beyond values-based leadership literature, to capture data related to authentic leadership, servant leadership and congruent leadership, aiming to gain a wider understanding of values-based leadership. This paper begins with an overview and definition of values-based leadership and the three leadership theories identified, before describing a literature review that explored each of the theories, supporting a wider understanding from a nursing perspective.

2 | BACKGROUND

Copeland (2014 p105) suggests that values-based leadership has emerged from a leadership landscape where many leaders have been, 'plagued with extensive, evasive and disheartening ethical leadership failures...'. As a result, governments, communities and individuals have begun to place a renewed focus on the value of ethical behaviour and leaders who clearly demonstrate their values (Stanley, 2019). Values are described as a 'key component of effective leadership and an essential trait for leaders to possess' (Graber & Kilpatrick, 2008, p180); other leadership writers and theorists concur (Ahn et al., 2011; Baloglu, 2012; Peregrym & Wolf, 2013; Stanley, 2019; Viinamaki, 2009).

In order to restore hope, confidence and integrity to organisations, leaders now need to move away from charismatic leadership styles and place values at the core of leadership practices (Copeland, 2014). In nursing and health care leadership, this movement has been mirrored with values increasingly becoming the focus for health practitioner practice (Wynia & Bedzow, 2019) and improving client services. Understanding the characteristics and evidence for such practices is, therefore, important. Denier et al. (2019) and Faith (2013) note that core values in health care, such as care and compassion, are being undermined by the negative impacts of cost containment, political wrangling and other influences and that if a 'culture of care is to survive', there needs to be a commitment to values-based leadership (Faith, 2013, p6).

During this review process, it became apparent that other leadership theories, dominant in nursing, suggest a wider view of values-based leadership. These were servant leadership (Greenleaf, 1970, 1977), authentic leadership (George, 2003) and congruent leadership (Stanley, 2006a, 2006b, 2008). These theories were, therefore, included to widen the scope of this review.

3 | DEFINITIONS

Barrett (2006) suggests that a values-based leadership style could be described as leaders building on teams' shared values. As such, values-based leadership is based on the philosophical standpoint of the leader, with followers developing from a shared set of beliefs to increase motivation and productivity. Leaders act on behalf of their followers and seek to provide the conditions and resources that bolster followers' motivation. Values-based leaders enable followers to clearly see the core values that align with an organisation's values (Fernandez & Hogan, 2002). In providing a strong underlying moral and ethical foundation, values-based leadership anchors the leader's behaviour in positive ethical and moral practice (Bass & Avolio, 1993; Bass & Steidlmeier, 1999; Brown & Treviño, 2006; Gardner & Avolio, 2005).

The concept of authentic leadership developed from the increasing focus on ethics and organisational behaviours and the move towards transformational models of leadership (Avolio et al., 2004). Avolio and Gardner (2005) consider authentic leadership as a core paradigm for progressive forms of leadership, with a focus on self-awareness and moral perspectives. Authentic leadership refers to

a process aligned with positivity of psychological aptitudes and organisational contexts, leading to self-awareness and self-regulated positive behaviours among leaders. Proposing that self-knowledge and personal concepts drive individual leadership, authentic leadership views relationships as important and highlights the role of leaders as influencers (Cairns-Lee, 2015). Authentic leadership has four principles at its core requiring 'balanced processing, relational transparency, internalized moral perspective, and self-awareness' (Alilyyana et al., 2018 p35).

Savel and Munro (2017) assert that premodern concepts of servant leadership are rooted in Christianity and ancient Chinese writings with beliefs about leadership centring on the need for leaders to place prominence on serving others. In the modern context, Greenleaf (1970, 1977, 1998) developed the concept of servant leadership arguing that the leader has an innate desire to serve first and later decides to lead, contrasting this with the individual who is a leader first. The servant leader prioritizes others' needs and nurtures others in their professional development.

Congruent leadership occurs when the values and beliefs of the leader are congruent with their actions (Stanley, 2006a, 2006b, 2008, 2017, 2019). As such, the leaders' values and beliefs are seen to drive and match their actions, thus gaining congruence. All three theories sit under the scope of a values-based theoretical perspective of leadership in nursing.

4 | METHODS: SEARCH STRATEGY

4.1 | Aim

To explore literature that supports an understanding of values-based leadership in nursing.

4.2 | Design

An integrative systematic literature review was chosen for its comprehensive approach to the identification of relevant literature. The use of a Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) flow approach enabled a clear evaluation and analysis of the data and presentation of findings (Whittemore & Knaf, 2005). Once all the data were gathered, it was thematically analysed.

4.3 | Search methods and results

The literature search began by searching *BCS*, *PubMed*, *CINAHL* and *Pro-quest* databases for papers related to values-based leadership. A PRISMA process was applied to the literature search (Figure 1). Keywords included '*Values-Based Leadership*', '*Authentic Leadership*', '*Servant Leadership*' and '*Congruent Leadership*'. A total of 1,084 papers were located initially. The search was, therefore, limited to research

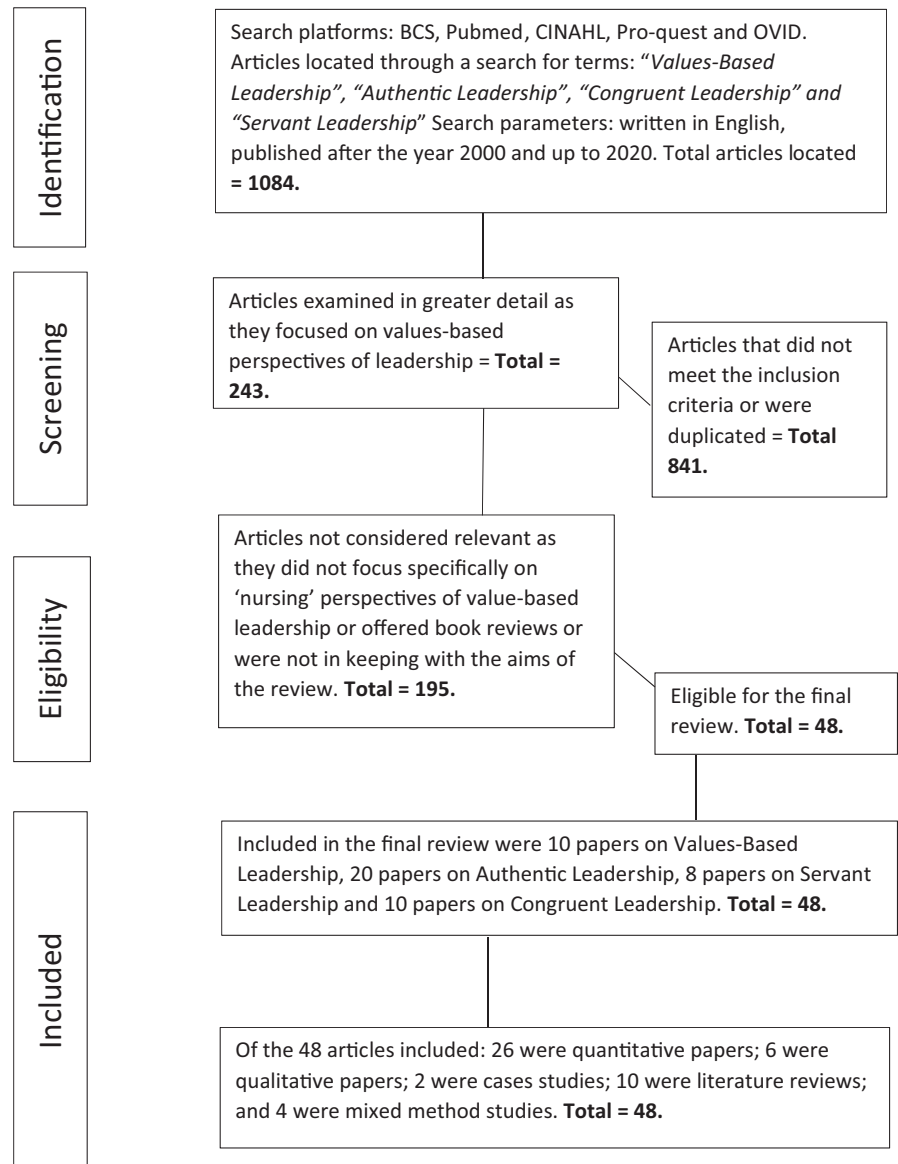


FIGURE 1 PRISMA diagram

articles published in English from the year 2000 to May 2020 and papers which focused on health care leadership, resulting in 243 papers. Papers were also obtained through back-chaining and a manual search of current periodicals, including major nursing journals. Exclusion criteria were as follows: not available as a downloadable paper, lack of a research focus (discussion or opinion papers) and lack of focus on health care leadership. The papers were divided into four categories for examination: values-based leadership ($n = 200$), authentic leadership ($n = 478$), servant leadership ($n = 310$) and congruent leadership ($n = 96$). Each paper was reviewed to ensure it met the inclusion criteria, following which 48 papers remained (Tables 1, 2, 3 and 4): 10 papers on values-based leadership, 20 papers on authentic leadership, 8 papers on servant leadership and 10 papers on congruent leadership. Of these, 26 were quantitative, 6 were qualitative, 2 were cases studies, 10 were literature reviews, and 4 were mixed-method studies.

All articles that remained for review were analysed using the PRISMA guidelines (Shamseer et al., 2015) to support the selection process. Each article was analysed independently using

relevant tools from the Joanna Briggs Institute Critical Appraisal Tool Catalogue (<https://joannabriggs.org/critical-appraisal-tools>). A thematic analysis of data within each paper was conducted, with each researcher dealing with the four leadership theories individually, before validation of the codes, categories and themes identified by each researcher (Glasper & Rees, 2017). This resulted in the identification of themes outlined in the following discussion and provided in summary in Table 5.

5 | FINDINGS

An overview of all the literature identified is offered in Tables 1, 2, 3 and 4. However, to synthesize and further review the literature, a thematic analysis was used that led to the identification of several themes which illuminate outcomes and effects of approaches to values-based leadership described for nursing staff, organisations and health care. However, the methodological quality of the

TABLE 1 Article Profile: Values-based leadership

No	Authors/Title	Year	Source	Volume	Country	Aim	Method
1	Barkhordari-Sharifabad, M., Ashktorab, T., & Atashzadeh-Shoorideh, F. Ethical Leadership outcomes in nursing: A qualitative study	2017	Nursing Ethics	Vol 25 (8) p. 1051–1063	Iran	To elaborate on the ethical leadership and its role in professional progress and growth of nurses in the light of work condition in health-providing institutes.	Qualitative study
2	Bogskov, B. O., Rasmussen, L.D. & Weinrich, E. Between meaning and duty—leaders' uses and misuses of ethical arguments in generating engagement.	2017	Journal of Nursing Management	25 p. 129–138.	Denmark	Motivating leaders who may feel values are challenged	Qualitative thematic analysis / interviews / focus groups / observations
3	Copeland, M.K. The emerging significance of values-based leadership: A literature review	2014	International Journal of Leadership Studies	Vol. 8 Iss. 2, p. 1–17	USA	Examines the prevailing literature and research on the various constructs rooted in VBL	Lit Review
4	Denier, Y., Dhaene L. & Gastmans, C. 'You can give them wings to fly': a qualitative study on values-based leadership in health care	2019	BMC Medical Ethics	20:35 1–17	Belgium	To investigate the way in which ethical values are present in the lived experiences and daily practice of health care management	Qualitative study (Grounded Theory Approach)
5	Duthie, K., Bond, K & Juzwishin, D. Improving leadership through values-based decisions	2014	Healthcare Management Forum	27:168–170	Canada	Discusses the recently developed an ethical leadership self-assessment tool to strengthen health care leaders' ability to explore the ethical dimensions of decision-making	Cases study
6	Faith, K.E. The role of values-based leadership in sustaining a culture of caring	2013	Healthcare Management Forum	26:6–10	Canada	Discusses risk to the significant shift in health care from its moral foundations	Case study
7	Graber D.R & Kilpatrick, A. O. Establishing values-based leadership and value systems in healthcare organisations	2008	JHHSA	Fall p. 179 – 197	USA	The importance of values for organisational culture	Lit Review
8	Morsiani, G., Bagnasco, A., & Sasso, L. How staff nurses perceive the impact of nurse managers' leadership styles in terms of job satisfaction: A mixed method study	2017	Journal of Nursing Management	25 119–128	Italy	Staff nurses' perceptions of leadership styles.	Mixed methods

(Continues)

TABLE 1 (Continued)

No	Authors/Title	Year	Source	Volume	Country	Aim	Method
9	Shirazi, M., Emami, A., H., Mirmoosavi, S.J., Alavinia, S., M., Zamanian, H., Fathollahbeigi, F., & Masiello, I. The effects of intervention based on supportive leadership behaviour on Iranian nursing leadership performance: A randomised controlled trial	2016	Journal of Nursing Management	24 400–408	Iran	Intervention exploring supportive leadership on nursing performance.	A randomized controlled trial
10	Westphal, J.A. Characteristics of nurse leaders in hospitals in the USA from 1992 to 2008.	2012	Journal of Nursing Management	20 928 – 937	USA	Characteristics of nurse leaders explored.	Non-experimental design

literature was highly variable and emerged predominantly from Canada, the United States and Australia, with some further wider international contributions. The review produced five overarching themes that help support an understanding of values-based leadership: work environment and job satisfaction, staff well-being and burnout, trust and voice, interprofessional working and collaboration and patient outcomes. The themes are discussed below.

5.1 | Work environment and job satisfaction

Papers across the data search addressed aspects of creating empowered work environments. Values-based leadership was considered supportive of social capital and promoting the retention of nurses, with value placed on quality relationships and a sense of belonging. This positively influenced mental health and job satisfaction (Alilyyania et al., 2018; ; Shirey, 2009 and Read & Laschinger, 2015), particularly when a positive work environment was supported by positive workplace role models (Giallonardo et al., 2010; Fallatah & Laschinger, 2016; Lee et al., 2019; Baek et al., 2019 and Shirey, 2009). Application of values-based leadership within an organisation resulted in reduced stress in nurses and encouraged a commitment to remain (Alkharabsheh & Alias, 2018). Baek et al.'s (2019) research supported these findings, identifying the positive effects of job satisfaction and commitment to the organisation when managers exhibited values-based leadership and were considered to bring greater citizenship behaviours to the work environment, exhibited through politeness, dignity and respect (Qui et al., 2020).

Gunnarsdóttir (2014) applied a Servant Leadership Survey (van Dierendonck & Nuijten, 2011), suggesting most respondents were satisfied with their jobs, with a significant correlation existing between job satisfaction and perceptions of servant leadership characteristics of humility, empowerment, accountability and authenticity.

Congruent leadership research was less well defined in supporting job satisfaction; however, indications suggest that it empowers approachable leaders, supporting positive workplace relationships (Stanley, 2006a, 2006b, 2008). Likewise, Wong and Laschinger (2012) found that authentic leadership increased job satisfaction and performance in nurses by encouraging empowerment within the organisation with a corresponding decrease of burnout, exhaustion and cynicism (Bamford et al. 2013; Laschinger et al., 2013). From a servant leadership perspective, Mahon (2011) and Neill and Saunders (2008) argue that values-based leadership results in greater job satisfaction and morale, stronger collegial relationships, greater ethical values and professional growth. It has also been argued that servant leadership can support greater research capacity (Jackson, 2008) and enhanced quality of patient care (Ellis, 2019; Neill & Saunders, 2008).

5.2 | Staff Well-being

Significantly, values-based leadership and, specifically, authentic leadership are associated with an increase in a sense of

TABLE 2 Article Profile: Authentic Leadership

No	Authors/Title	Year	Source
1	Alilyyani, B., Wong, C. & Cummings Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review	2018	International Journal of Nursing Studies
2	Alkharabsheh, O.H. & Alias R.B The Mediating Effect of Organisation Culture on the Relationship between Authentic Leadership and Turnover Intention in Jordanian Public Hospitals	2018	Journal of Economic & Management Perspectives,
3	Baek, H., Han, K. & Ryu, E. Authentic leadership, job satisfaction and organizational commitment: The moderating effect of nurse tenure	2019	Journal of Nursing Management
4	Bamford, M., Wong, C.A. & Laschinger H The influence of authentic leadership and areas of worklife on work engagement of registered nurses	2013	Journal of Nursing Management
5	Dirik, H. & Intepeler, S.S. The influence of authentic leadership on safety climate in nursing	2017	Journal of Nursing Management
6	Fallatah, F. & Laschinger, H. K. The influence of authentic leadership and supportive professional practice environments on new graduate nurse job satisfaction.	2016	Journal of Research in Nursing
7	Giallonardo,, Wong, C.A. & Iwasiw, C.L. Authentic Leadership of preceptor's predictor of a new graduate nurse's work engagement and job satisfaction.	2010	Journal of Nursing Management
8	Laschinger, H.K., Wong, C.A. & Grau, A.L. Authentic Leadership empowerment and burnout a comparison in new graduates and experienced nurses.	2013	Journal of Nursing Management
9	Laschinger H K S, Borgogni L, Consiglio C, Read E The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study	2015	International Journal of Nursing Studies
10	Lee, H-F., Chiang, H-Y. & Kuo, H-T Relationship between authentic leadership and nurse's intent to leave: the mediating role of work environment and burnout.	2019	Journal of Nursing Management
11	Long, T. Effect of Authentic Leadership on newly qualified nurses: a scoping review	2020	Nursing Management
12	Malila N, Lunkka N, Suhonen M Authentic leadership in healthcare: a scoping review	2017	Leadership in Health Services
13	Mortiner, A. V. Vlerick, P. & Clays E. Authentic Leadership and thriving among nurses the mediating role of empathy.	2016	Journal of Nurse management
14	Read, E.A. & Laschinger, H.K. S. The influence of authentic leadership and empowerment on nurse's relational social capital mental health and job satisfaction over the first year of practice.	2015	Journal of Advanced Nursing
15	Regan, S., Laschinger, H.K.S.& Wong, C.A. The influence of empowerment, authentic leadership and professional practice environments on nurses perceived interprofessional collaboration.	2016	Journal of Nursing Management

Volume	Country	Aim	Method
83 34–64	Canada	Examine the antecedents, mediators and outcomes associated with authentic leadership in health care.	Lit Review/Systematic Review
Vol 12, Issue 3, P. 19–35.	Jordan	This study primarily aims to investigate the relationship between authentic leadership and turnover intention in the context of Jordanian public hospitals; it is also to evaluate the mediating effect of organisation culture on such a relationship.	Quantitative method through a survey questionnaire.
27 1655–1663	South Korea	To examine the associations between unit managers' authentic leadership with job satisfaction and organisational commitment and to investigate whether nurse tenure has a moderating effect on these associations.	Cross-sectional secondary analysis using survey data from 1,118 staff nurses.
21 529–540	Canada	To examine the relationships among nurses perceptions of nurse managers authentic leadership, nurses_ overall person–job match in the six areas of worklife and their work engagement.	A secondary analysis of data collected from a non-experimental, predictive design survey of a random sample of 280 registered nurses working in acute care hospital.
25 392–401	Turkey	This study analysed nurses' perceptions of authentic leadership and safety climate and examined the contribution of authentic leadership to the safety climate.	Questionnaire
21 (2) 125–136	Canada	test a theoretical model linking authentic leadership to new graduate nurses' job satisfaction	secondary analysis of data
18(8) 993–1003	Canada	Examine the relationships between new graduate nurses' perceptions of preceptor authentic leadership, work engagement and job satisfaction	A predictive non-experimental survey design
21(3) 541–552	Canada	Structural empowerment, exhaustion and cynicism of nurse graduates	Secondary analysis
52 1080–1089	Canada	Tested a model linking authentic leadership, areas of worklife, occupational coping self-efficacy, burnout and mental health among new graduate nurses	Cross-sectional design
27(1) 52–65	Taiwan	Intent to leave and burnout	Cross-sectional design
doi: 10.7748/ nm.2020.e1901	UK	A scoping review of the effect of authentic leadership on newly qualified nurses	Lit Review
Vol. 31 No. 1, 2018 pp. 129–14	Finland	Review of authentic leadership	Scoping Review
24(3) 357–365	Belgium	AL, thriving and role of empathy	Cross-sectional design
71(7) 1611–1623	Canada	Theoretical model testing the effects of authentic leadership, of new graduate nurses	Longitudinal survey
24 54–61	Canada	Empowerment, AL	Longitudinal survey

(Continues)

TABLE 2 (Continued)

No	Authors/Title	Year	Source
16	Shirey M.R. Authentic Leadership, Organizational Culture, and Healthy Work Environments	2009	Critical Care Nurs Q
17	Wong, C.A & Cummings, G.G. The Influence of Authentic Leadership behaviours on Trust and work outcomes of health care staff	2009	Journal Of Leadership Studies
18	Wong, C.A. & Laschinger, H.K.S. Authentic Leadership performance and job satisfaction the mediating role of empowerment.	2012	Journal of Advanced Nursing
19	Wong, C.A. & Laschinger, H.K.S. & Cummings, G.G Authentic Leadership and nurses voice behaviour and perceptions of care quality	2010	Journal of Nursing Management
20	Wong, C.A & M. Giallonardo, L. Authentic Leadership and nurse-assessed adverse patient outcomes	2013	Journal of Nursing management

belonging, staff well-being and diminishing burnout (Fallatah & Laschinger, 2016; Lee et al., 2019; Long, 2020; Malilha et al., 2017). This is particularly so during the transitioning of student to qualified nurse, with Giallonardo et al. (2010) identifying that nurses who were supported by preceptors who demonstrated high levels of authentic leadership experienced higher engagement and were encouraged to be positive with less burnout and emotional exhaustion. These findings were supported by Laschinger et al. (2015), Alilyyania et al. (2018) and Fallatah and Laschinger (2016). Mortiner et al. (2016) explored the relationship between authentic leadership and thriving and found significant positive relationships between vitality of staff and an authentic leadership approach. In relation to servant leadership, Mostafa and El-Motalibs (2019) and Hanse et al. (2016) found high-quality social exchanges and mutual trust were enhanced by servant leadership. Placing values at the core of the organisation clearly enhanced staff well-being (Wynia & Bedzow, 2019).

5.3 | Trust and voice

Wong and Cummings (2009), Wong et al. (2010), Wong and Laschinger (2012) and Stanley (2019) found trust in the leader was an essential factor for supporting and enabling staff to voice concerns. Wong et al. (2010) also found that trust may have a positive impact on quality patient care and workplace engagement. Leaders in positions of 'control' were seldom seen as trustworthy or appropriate from a congruent leadership perspective (Stanley, 2006a, 2006c, 2008, 2019). Avolio et al. (2004) and Wong and Laschinger (2012) proposed that trust increased when managers demonstrated high levels of authentic leadership, a view supported as a general attribute of values-based leadership (Wynia & Bedzow, 2019). Savel and Munro (2017) indicated that servant leadership offers the potential for non-stereotypical

'quiet' leaders to lead. Similarly, congruent leadership research established that a focus on leaders without managerial or positional control was seen to engender greater trust from followers and support the 'voice' of grass roots leaders, drawing the focus of leadership back into the clinical domain (Stanley, 2006a, 2006b, 2008, 2014, 2017, 2018). Focusing on the understanding that anyone can be a leader by matching their values and beliefs with actions and linking trust, voice and values, values-based leadership can create a powerful impact on followers and colleagues (Johansson et al., 2011; Stanley, 2017; Wynia & Bedzow, 2019).

5.4 | Interprofessional working and collaboration

Interprofessional working and education are identified by the World Health Organization (2010) as important for improving patient care, increased job satisfaction and reducing stress among health care workers. Significantly, Regan et al. (2016) suggested that authentic leadership linked empowerment and professional environments to enhance interprofessional and collaborative working qualities through self-awareness and role modelling, trustful relationships and shared decision-making. Garber et al. (2009) found that nurses' attitudes towards collaboration were generally more positive than physicians', reporting that nurses had a more positive self-perception as servant leaders than physicians. A significant focus of research related to congruent leadership has been to support the identification of clinical leader characteristics with Coventry and Russell (2020) identifying that clinical nurse educators demonstrated these attributes. These have been identified as being: approachability, clinical competence, effective communication, being driven by their values and beliefs about providing quality care, being empowered or empowering others, being visible in practice and being positive clinical role models (Johansson et al., 2011;

Volume	Country	Aim	Method
32 (3) 189–198	USA	Nurse manager stress, coping strategies health outcomes decision-making processes	Qual descriptive
Volume 3, Number 2, p. 6–23	Canada	Authentic leadership and trust	Quantitative survey
69(4) 947–959	Canada	Test a model linking authentic leadership of managers with nurses' perceptions of structural empowerment, performance and job satisfaction.	A non-experimental, predictive survey
18(8) 889–900	Canada	Test a theoretical model linking authentic leadership with staff nurses trust in their manager, work engagement, voice behaviour and perceived unit care quality.	Non-experimental, predictive survey design
21(5) 740–752	Canada	Test a model examining relationships among authentic leadership, nurses' trust in their manager, areas of work life and nurse-assessed adverse patient outcomes	Secondary analysis of data collected in a cross-sectional survey of 280 (48% response rate) registered nurses

Stanley, 2006a, 2006b, 2008, 2014, 2017, 2018). All of which are attributes of enhanced collaboration and support, the approach taken by values-based leadership.

5.5 | Patient-focused outcomes

Few studies explored patient care and patient-focused outcomes. Wong et al. (2010) used a survey to test a theoretical model, exploring the association of authentic leadership with trust, engagement and perceived quality of patient care, finding that nurse managers who demonstrated authentic leadership behaviours influenced and fostered perceptions of quality care. In a secondary cross-sectional analysis, Wong and Giallonardo (2013) found a lower frequency of adverse patient-focused outcome in areas where nurse managers demonstrated authentic leadership, while Dirik and Intepeler (2017) found an increase in perceptions of positive safety climates where authentic leadership characteristics were demonstrated. Sturm's (2009) study focused on management issues and behaviours, concluding that in the community setting, nurses act autonomously and make important clinical decisions that have enduring ramifications for patients and their families. A holistic style, underpinned by the principles of servant leadership, was seen to foster growth and enhance retention.

Providing high-quality care is central to congruent leadership (Johansson et al., 2011; Ungerleider & Ungerleider, 2011). The theory grew from research within the clinical domain and, unlike the authentic or servant leadership, has been directly linked to clinical level leadership and empirical research from its inception (Coventry & Russell, 2020; Stanley, 2006a, 2006b, 2008, 2017). The focus explores how clinical level leaders lead in the clinical domain; Ungerleider and Ungerleider (2011, p82) suggest that employing a congruent approach to leadership may 'open the door' to achieving, 'conscious competence' in practice.

6 | DISCUSSION

This review began by exploring values-based leadership and its relationship to nursing to understand how this approach to leadership may enhance leadership within the nursing profession. Other value-focused leadership theories were incorporated to achieve a genuinely encompassing view of values-based leadership. As such, a wider scope of leadership theories was included in the search, with authentic leadership, servant leadership and congruent leadership considered under the umbrella of a general values-based approach to leadership from a health and nursing perspective.

There is a need to look at values-centric leadership in the face of perceived disruptions in the health care paradigm and in order to gain a greater understanding of how values-based leadership supports or enhances leadership in the clinical or health domain and support improvements in quality care and the patients' experience of care (Kelly et al., 2012). The evidence points to considerable advantages for the application of a values-based approach to leadership, regardless of the specific values-orientated approach considered. Congruent leadership has developed from research directly involving health practitioners, although both servant and authentic leadership theories are more engrained in the American and Canadian literature and have been in place for longer.

Significantly, the literature suggests that ethical leadership leads to positive and effective health care outcomes (Barkhordari-Sharifabad et al., 2017) and that values-based leadership enhances nurses' organisational citizenship behaviours (Qui et al., 2020). Recent increases in commercialization in health care are driving a re-focus towards values-based leadership approaches, with more ethical decision-making and priority setting becoming vital (Lorentzon & Bryant, 1997). There is a significant paucity of empirical literature examining the benefits, effectiveness and limitations of both authentic and servant leadership within health care. This is also true for

TABLE 3 Article Profile 2: Servant Leadership

No	Authors/Title	Year	Source	Vol / Issue	Country	Aim	Method
1.	Garber, J.S. Madigan, E.A. & Fitzpatrick JJ. Attitudes towards collaboration and servant leadership among nurses, physicians and residents.	2009	Journal of Interprofessional Care	23(4) 331–340	USA	To identify registered nurse, physician and resident attitudes towards collaboration and servant leadership and whether there is a relationship between collaboration and servant leadership within each group.	Survey
2.	Gunnarsdóttir, S. Is servant leadership useful for sustainable Nordic Health care?	2014	Nordic Journal of Nursing Research and Clinical Studies	34(2) 53–55	Iceland	To explore the attitudes of Nordic health care staff towards servant leadership and to investigate whether there was a link between elements of servant leadership and enhanced staff outcomes.	Survey
3.	Hanse, J.J., Harlin, U, Jarebrant, C Ulin, K & Winkel, J The impact of servant leadership dimensions on leader-member exchange among health care professionals.	2016	Journal of Nursing Management	24(2) 228–234	Sweden	To investigate the impact of servant leadership on leader-member exchange among health care professionals.	Survey
4.	Jenkins, M. & Stewart, A.C. The importance of a servant leader orientation.	2010	Health Care Management Review	35(1) 46–54	USA	To test three hypotheses: There will be a positive relationship between a manager's commitment to serve, as described by servant leadership and nurse job satisfaction. There will be a significant positive relationship between a manager's use of role inversion behaviours and nurse job satisfaction. When the manager's commitment to serve and role inversion behaviours are both high, servant leader orientation of the manager will be high and will be associated with high employee job satisfaction.	Survey
5.	Jooste, K. & Jordaan, E. Student nurses' perceptions of the nurse manager as a servant leader.	2012	Africa Journal of Nursing and Midwifery	14(1) 76–88	South Africa	To explore third- and fourth-year student nurses' perceptions of nurse managers as servant leaders at primary health care clinics.	Survey
6.	Mostafa, A.M.S. & El-Motalib, E.A.A. Servant leadership, leader-member exchange and proactive behaviour in the public health sector	2019	Public Personnel Management	48(3) 309–324	Egypt	To investigate the relationship between servant leadership and proactive behaviours among public hospital nurses.	Survey

(Continues)

TABLE 3 (Continued)

No	Authors/Title	Year	Source	Vol /Issue	Country	Aim	Method
7.	Neill, M., Hayward, K. S., & Peterson, T. Students' perceptions of the interprofessional team in practice through the application of servant leadership principles	2007	Journal of Interprofessional Care	21(4) 425 - 432	USA	To measure health and care students' perceptions of interprofessional practice following a collaborative learning experience which applied servant leadership principles as a framework in team interaction and the delivery of services.	Pre-test post-test
8.	Sturm, B.A. Principles of servant-leadership in community health nursing: management issues and behaviours discovered in ethnographic research.	2009	Home Health Care Management and Practice	21(2) 82-89	USA	To provide evidence-based examples of servant leadership.	Secondary analysis of ethnographic research data

congruent leadership, although this theory is new and the evidence base is still growing (Stanley, 2019).

7 | LIMITATIONS

We acknowledge that there may be limitations with the study. The data searches for each leadership theory were undertaken by four independent researchers, and while the results and findings were cross-referenced, the possibility of individual idiosyncratic differences in the search process cannot be excluded. While multiple publications on the search topic were located, the exclusion criteria meant that the range of publications analysed was limited.

8 | CONCLUSION

Exploring literature to help understand values-based leadership demonstrates that although there is a paucity of quality research literature, there are several features that link and strengthen an understanding of these different theories. As such, common themes help describe and illuminate aspects of values-based leadership which provide focus to the differing approaches and their application to practice. Each supports the importance of applying, or at least considering, the application of a values-based leadership approach in nursing. As ethical approaches to leadership link to the overall professional values of the nursing profession, these theories have particular importance. Principally, these include improving collaboration, patient-focused outcomes, staff well-being, job satisfaction and strengthening trust and the 'voice' of nurses to enhance their participation and influence in clinical practice.

9 | IMPLICATIONS FOR NURSING MANAGEMENT

This literature review combines several values-based leadership theories and summarizes the benefits of values-based leadership approaches for nursing leadership. Nurse managers and leaders should recognize the benefits of a values-based leadership approach for the well-being of their staff, enhanced professional collaboration, its place in developing trust and the nurses voice', improved insight into clinical leadership attributes and improvements in quality patient care. In an evolving health landscape, values-based leadership offers an ethical and grounding approach to leadership, linking clearly to professional values within the profession and supporting greater staff empowerment and quality patient care.

10 | FUTURE RESEARCH

It is hoped that this paper will act to trigger a wider review of values-based leadership particularly in the area of patient-focused

TABLE 4 Article Profile: Congruent Leadership

No	Authors	Year	Source	Volume	Country	Aim	Method
1.	Johansson, G., Sandahl, C. & Andershed, B. Authentic and Congruent Leadership providing excellent work environment in Palliative care.	2011	Leadership in Health Services	24 2 135-149	Sweden	Comparing the effectiveness of congruent and authentic leadership in palliative care	Qualitative data analysis/ survey/interviews
2	Stanley, D. In command of care: Clinical Nurse Leadership explored	2006a	Journal of Research in Nursing	11 1 20-39	UK	Exploration of clinical leadership	Survey/mixed methods
3.	Stanley, D. In command of care: Towards a theory of congruent leadership	2006b	Journal of Research in Nursing	11 2 132- 144	UK	Exploration of clinical leadership in light of congruent leadership theory	Survey/mixed methods
4.	Stanley, D. Recognising and Defining Clinical Leaders	2006c	British Journal of Nursing	15(2) 108-111	UK	Definition of clinical leadership	Literature review/ discussion
5.	Stanley, D. Congruent Leadership: Values in Action	2008	Journal of Nursing Management	16 519-524	Australia	To discuss the significance of an appropriate leadership theory in order to develop an understanding of clinical leadership.	Literature review/ discussion.
6.	Stanley, D. Clinical Leadership Characteristic confirmed	2014	Journal of Research in Nursing	19 2 118-128	Australia	The definition and exploration of clinical leadership characteristics.	Qualitative data analysis
7.	Stanley, D. Congruent Leadership Defined	2017	JOJ Nurse Health care	3 3 1-2	Australia	Explores the definition of congruent leadership	Literature Review/ Discussion
8	Stanley, D. Clinical Leadership and nursing explored: A literature review	2018	Journal of Clinical Nursing	27 1,730 - 1743	Australia	Exploration of clinical leadership	Literature review/ discussion
9	Ungerleider, J.D. & Ungerleider R.M. Improved quality and outcomes through congruent leadership, teamwork and life choices.	2011	Progress in Paediatric Cardiology	32 2 75-83	USA	Improving practice through congruent leadership	Literature review/ discussion
10	Coventry, T. Russell, K.P. The Clinical nurse educator as a congruent leader: A Mixed Method Study.	2020	Journal of Nursing Education and Practice	11(1) 8-18	Australia	An analysis of the leadership style of clinical nurse educators	Mixed methods study

TABLE 5 Themes identified within the literature for each theory

Authentic Leadership	Servant Leadership	Congruent Leadership	Values-based leadership
Patient outcomes and safety	Leader-member exchange	Providing high-quality nursing care and improving outcomes	Key values are dominant
Work environment and job satisfaction	Job satisfaction/enhanced staff outcomes	Clinical leader characteristics and key values (trust, honesty and approachability) are dominant	Ethical decision-making is key
Interprofessional working and shared decision-making	Collaboration/trust/enhanced professional practice	Grass roots leadership is encouraged	'Voice' is given to key values and 'trust' is enhanced
Well-being of staff/diminishing burnout	Enhanced client outcomes		Greater 'citizenship' behaviours in leaders and followers

Note: The thematic analysis of data within each paper was conducted, by each researcher dealing with the four leadership theories individually. Each research then validated the codes, categories and themes identified for the literature of each of the leadership theories. Combined Themes: (1) Work environment and job satisfaction. (2) Staff well-being and burnout. (3) Trust and voice. (4) Interprofessional working and collaboration. (5) Patient outcomes

outcomes, as we are sure there is more yet to discover about authentic leadership, servant leadership and congruent leadership and their contribution to an understanding values-based leadership.

CONFLICT OF INTEREST

The authors have no conflict of interest.

ETHICAL APPROVAL

No ethical approval was sought as this is a literature review paper.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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