11.1 The Concept of Leadership

Leadership is a concept easily used in everyday conversation but understood by a few (Bojadjiiev et al. 2019). The world is rapidly changing, and it is important to determine what is required to lead in a volatile, uncertain, complex and ambiguous environment.

11.2 Leadership Management and Administration

_Leadership_ is about providing vision, purpose and direction. It is about aligning thoughts and ideas towards the achievement of a common goal. It involves communicating and motivating others to act, and includes priority setting, analysis of situations and innovations. Leadership is about people (Rathore et al. 2017).

_Management_ involves making decisions to achieve predetermined goals. It focuses on systems, processes, structure and goals. Management exists for operational control, monitoring performance, planning, organising, allocating resources and evaluating processes. Managers ensure that things are done right. Some authors say management is about things (USAID 2015; Management Science for Health 2015).

_Administration_ involves operationalising organisational plans, maintaining bureaucratic policies, implementing and maintaining established rules of procedure in the best way possible, at the most appropriate time for the achievement of objectives, utilising the systems and processes mandated by management. The focus of administration is on efficiency of processes for achievement of results (Yourdictionary 2018).

Effective leaders need to develop capacities from all three areas. They must be good managers able to guide administrative processes in the
ward, in the institution and nationally depending on where they work (USAID 2015; Divall 2015; Mianda and Voce 2018).

11.3 Definition and the Nature of Leadership

Hollander and Julian (1969) defined leadership as a social interpersonal influence relationship between two or more persons who depend on each other to attain certain mutual goals. So did Kanter (1982), Reid (2016) and Rathore et al. (2017). Parris and Hart (2013) and Adeyemi and Bolarinwa (2013) added the words ‘to work devotedly’ and ‘to strive willingly’ towards the achievement of objectives. Putting all these definitions together, the ‘influence’ is about providing vision, purpose and direction; aligning thoughts and ideas and steering people towards the achievement of a common goal. In situations of rapid change, intense competition, an explosion of new technologies, chaos, turbulence and high levels of uncertainty, leadership is critical to offer a pathway of confidence and direction, creativity and effective management of change (Bennis and Thomas 2002). In some cases, leadership involves changing people’s thinking, perceptions, character and behaviour, so that they exert themselves ‘willingly’ in doing something(s) which they would otherwise have not done (Conger 2012). The twenty-first century turbulence and chaos has led to a rapid change in the composition of the midwifery workforce and the recipients of midwifery care. Hence, midwifery leadership needs special capabilities to respond to these changes (Bennis and Thomas 2007; Conger 2012; Lee Iacocca in Bojadjiev et al. 2017).

11.3.1 The Leadership Process

Organisations have moved away from the traditional, hierarchical structures to expanding roles of members in decision-making (Elangovan and Xie 2000; Byrom and Doiwne 2010; Carlton and Perloff 2015). Leaders more readily delegate power to different levels of the organisation (Choy et al. 2016). Midwifery leaders can learn from this trend especially in professional associations where contributing to the decision-making processes motivates and gives members a sense of belonging.

In maternal and child health (MCH) services, midwifery leaders need collaborative leadership practices to navigate the public health systems in which they work (De Pree 2006). Collaborative leadership practices involve power sharing and are process based (Clarke and Cilenti 2017). Collaborative leadership is vision based and makes it necessary and possible to convene and engage necessary stakeholders for a systems approach in solving MCH issues in the complex setting in which care is provided (Leadership Academy 2011).

11.3.2 Clinical Leadership

Mianda and Voce (2018), Jarvis and Reeves (2017) and Divall (2015) point out a gap that has persisted in midwifery leadership and clinical leadership. Emphasis has been placed on position leadership to the neglect of leadership on the bedside and in the maternity ward. In the United Kingdom, clinical leadership has been provided as an outreach activity by a District Clinical Specialist Team. This has gradually been supplemented by team leadership where every member develops some leadership capacity and exercises that during care provision. Power is shared among the team. Decision-making is by the clinicians. In addition, clinical leaders have been nurtured who have all the characteristics of a position leader. Their clinical expertise and their application of generic leadership skills to specific clinical settings differentiate them from the position leader. Self-directed learning and maintenance of clinical competence are essential for clinical leaders. The responsibilities of clinical leaders centre around organisation of care processes, ensuring better performance in the ward, well-being of women and newborn and staff, quality management and control as well as identifying best practices in care provision (Management Science for Health 2015). They also serve as clinical mentors, facilitators of professional development of staff and building strong teams, conducive work environment and team building (Fizza et al. 2019).
11.4 Power and Leadership

Midwifery leaders need power to achieve objectives and to increase the credibility and visibility of the profession. A clear understanding and effective use of power enhance the leader’s capacity to contribute to policy and engage intelligently in negotiations and advocacy settings.

Power is fluid, expendable and mostly remains potential. Power may be overt or covert, formal or informal and can be possessed by individuals or a group. Power is like a savings account. It has to be earned, saved and used well in order to last and is neutral until exercised (ICM 2014). Midwifery leaders need to recognise their power bases especially because in some countries, it takes a few years for a midwife to rise to a position of power.

11.4.1 Power Bases

Power bases are the sources of power. Organizational or institutional power comes from one’s position in the organization giving rise to three power bases: position, reward and coercion power. Personal power emanates from the individual’s inherent characteristics and personal traits, acquired or potential, giving rise to four power bases: referent (charismatic), expert, information and relationship power (Box 11.1).

11.4.2 Leveraging Power

Leveraging power is a skill (De Pree 2006) (Box 11.2). Technology has enabled the development of vast social networks making relationships and access to knowledge and information easier than ever before (Center for Creative Leadership 2013). Important and extraordinary, highly visible relationships can be forged with stakeholder groups in different parts of the world (Kanter 2002; Wright and Taylor 1994). Midwifery leaders should invest time and energy in existing relationships and creating new ones; identify persons to learn from and with whom to establish a relationship; repair damaged or neglected relationships, build trust, repair own image when needed, demonstrate confidence and develop their own brand of charisma.

With effective use of power, midwifery leaders ensure that priorities of midwifery care are heard at the right levels, that quality care is delivered and that outcomes are improved for women, newborns and families (Read 2019). Midwives need a means by which they can work in collaboration with nurses and not be subsumed in the nursing agenda (Read 2019). With adequate awareness of the power they possess, midwives can display significant leadership capabilities, authority and confidence to do things differently. As stated by Richard Buckminster Fuller:

You can never change things by fighting the existing normal. To change something, build a new model that makes the existing one obsolete.

(Read 2019:7)

Box 11.1. Power Bases: Brief summaries

Organisational/Institutional Power

Position power: Legitimate power or authority is power bestowed on an individual by her/his position in the organization. Others accept this power and are ready and expected to submit to it. The higher a person is in the organization the more power the person has.

Reward power relates to one’s capacity to reward others because of control over reward mechanisms and resources (e.g. promotions, salary raise, positive appraisal). This is usually supported by the individual’s position in the organization.

Coercive power relates to one’s capacity to make others do what they might not want to do. It is associated with the capacity to punish others. It is also related to position power but can belong to anyone (e.g. strikes, blackmail). Coercive power is the least-leveraged source of power.

Personal Power

Referent power is based on charisma (charismatic power) and good will generated by a leader’s style or persona. A charismatic individual’s character draws people, captivates and makes them want to
follow; is well liked, respected, perceived as a role model, and others are prone to consider her/his point of view. It takes time to develop, has to be earned and can be very effective in some situations. When strong enough, others may ignore the person’s failures and seek her/his approval.

**Relationship power** is derived from the individual’s relationships and networks that enable the leader to penetrate systems through formal and informal networks both inside and outside of the organization and even outside of the profession (they know people who know people). It is strengthened by the individual’s integrity and positive interpersonal relationships.

**Expert power** emanates from the individual’s expertise. The more crucial and unusual the expertise and knowledge, the greater the power. This power is sometimes “understood” from the individual’s title (Professor, Doctor, Sir, etc.) and, in some cases, is reinforced by society. The individual is trusted and seen as credible because of the expertise.

**Information power** is when one has information valued by others. The greater difference the information makes, the more power one has over those who need it. Information power is common in scientific and technical fields and is available to anyone who seeks it through personal development.

**NB: Not usually included among power bases**

**Personal attributes** are not usually included as power bases. But there are situations when one’s colour, gender, age and country of origin are power sources.

_Sources: ICM Young Midwifery Leaders Programme (2014)_

This agrees with Powell-Kennedy’s statement that: ‘…leadership goes further than the common misconception of a leader as the lofty head of a group, institution or country. Rather, it is the everyday work that demonstrates strength, knowledge and ethical behaviour’ (Powell-Kennedy 2011).

**Box 11.2. Leveraging Power**

_How to gain and retain power_

- Be the expert in midwifery.
- Leverage power from other sources by association or relationship.
- Invest time and energy to information, expertise and relationships.
- Identify specific persons to get to know to extend sphere of influence.
- Repair damaged relationships.
- Develop your professional presence.
- Be genuine, authentic, ethical and humble.
- Sharpen your emotional maturity, professional and psychological intelligence.
- Be helpful.
- Strive for the best without being arrogant.

_Source: International Confederation of Midwives Young Midwifery Leaders Programme (2014)._
build the profession into communities which offer midwives a sense of identity, ownership and belonging.

In some countries, despite being key service providers, without leadership, midwives’ contribution is not recognised, especially where there are severe staff shortages, weak midwifery education and weak midwifery competencies (Chapter 4). Without leadership, these and the conditions of service, the high workload and poor salaries will remain unchanged. Midwifery leadership is needed to spearhead the development of context-appropriate interventions and solutions (Robert et al. 2000).

Midwifery needs leadership in care provision to treat others as responsible, potential leaders, to earn respect and to learn to be reflective, consistent and self-disciplined (Northouse 2019). At policymaking level, the leader has to be versatile and resilient and to adopt different personae to meet the demands of each level. The midwifery leader needs to be a visionary in order to shape a vision for the profession; an optimizer to make the best of difficult situations; a builder, super- connector, warrior, researcher and mentor (Annex 11.1).

### 11.6 The Global Leader of Midwifery

The International Confederation of Midwives (ICM) provides global midwifery leadership through supporting and representing midwives and works closely with other global bodies including United Nations agencies, other professional bodies and non-governmental organisations, bilateral and civil society groups (ICM 2019). ICM provides the midwifery voice and expertise and contributes to the global health agenda. For a detailed description of ICM, see Chapter 2.

### 11.7 Factors Impacting on Leadership

The hierarchical position, organisational and societal culture, gender and the age of the leader impact on leadership (Gîrneață and Potcovaru 2015). A midwifery leader in a position of power in the organisation faces different issues when leading the profession compared to a midwifery leader who is in the lower ranks of the organisation (Hochwarter et al. 2000).

#### 11.7.1 Organisational Culture

Leadership is the most influential factor in shaping organisational culture. Organisational culture is a pattern of shared basic assumptions learned by a group, considered valid and therefore, the correct way to perceive, think and feel in relation to problems (Schein 2010; Watkins 2013). Because of these basic assumptions, where midwifery is not recognised, the mindsets in organisations impact on how midwifery leaders are perceived and determine their level of involvement in policy making bodies and activities.

#### 11.7.2 Gender

Most midwives are women doing women’s work for women and their families. Most work places are set up on male-based thinking and working philoso-
phies (O’Sullivan 2019). Working women have to juggle family and work life (Jones et al. 2018). O’Sullivan (2019) and Xie and Zhu (2016) described Chinese women as ‘Holding up half the sky’, i.e. the ‘Glass Ceiling’ (an imaginary barrier). In some cultures, women in leadership positions are not viewed positively (O’Connor 2015; Huang and Aaltio 2014; Zhang 2005, 2010; Javalgi et al. 2011). In others they are expected to assume the greater share of the family and homelife responsibilities despite the demands of leadership (Yang 2011; Kong and Zhang 2011; Zhang and Foo 2012; Cho and Ryu 2016). Some authors posit that women tend to exclude themselves because of their social orientation, thus creating a ‘psychological glass ceiling’ against themselves (Austin 2009; Eagly 2015; Sandberg and Scovell 2013). Others believe that gender segregation gives women a professional advantage as they do not have to compete with men in women-only professions like midwifery (Yan et al. 2018; Alsubaie and Jones 2017). In colleges and universities, women are expected to navigate their own way to leadership (Helgesen and Johnson 2010; Wang and Cho 2013; Jones et al. 2018; Longman 2018). Midwifery leaders need to recognise and rise above these issues and to prevent the emergence of the queen bee syndrome.

Queen bee syndrome describes women who, having achieved success in male-dominated environments, perceive other women as threats and oppose their rise (Staines et al. 1973; Blau and DeVaro 2007). Midwifery leadership development should acknowledge these struggles.

11.7.3 Societal Culture

Hofstede and Minkov (Hofstede and Minkov 2010:6) described culture as:

the collective programming of the mind that distinguishes the members of one group or category of people from others

Societal culture provides the basis for leadership styles and employee behaviours (Hofstede 1991; Dorfman et al. 2006).

Most well-researched leadership styles are based on the Western (Europe and United States of America) culture (Whitley 1994; Sørensen and Kuada 2001). Thinking has moved towards examining the concept in other cultures.

11.8 Concept of Leadership in Other Cultures

African culture is mainly based on collectivism, familism and advancing the common good (Gyekye 1997, 2010). The philosophy of ‘ubuntu’ encapsulated in the maxims ‘I am because we are’ and ‘a person is a person through other persons’ exhorts the exhibition of humanness, suggesting a life of positive integration with others, with communalism as a goal (Menkiti 2004; Tutu 1999; Shute 2001; Masolo 2010). Sharing and treating everyone with respect are important values (Metz 2013, 2017, 2018; Ndlovu 2016; Ndlovu-Gatsheni and Ngcaweni 2017; Woermann and Engelbrecht 2017). Whereas western leadership has the end goal of achieving the company’s objectives, African leadership has the company’s objectives, the individual’s goals and benefits as end goals (Fadare 2018; Kuada 2010). While Western approaches perceive human beings as resources (instruments), the African approach perceives human beings as having value in their own right (Kuada 2009; Metz 2015; Bolden and Kirk 2009).

In Mexico, Michaud et al. (2019) used Kouzes and Posner’s (2012) leadership practices inventory and determined that Mexican leaders typically engage styles that involved both presenting a vision for the future and convincing employees to make this vision their own. Leaders would not engage in creative activities that deviated too far from the status quo.

In China, India and Pakistan, gender plays a big role with women in leadership being evaluated with closer scrutiny than men. In the Philippines, among the millennials, age is important (Rathore et al. 2017). In Macedonia, the size of the company is important (Bonea and Casimiro 2019).

1 Millennials are those reaching adulthood in the early twenty-first century or those born between 1981 and 1986 (Oxford dictionary 2016).
In small and medium enterprises (SME) success depends on the clarity with which the leader shares the vision and motivates people towards achieving a common goal and provides direction (Bojadjiev et al. 2019; Durham et al. 1997; Mihai 2015). SMEs succeed under leadership which transforms knowledge into action, enhances autonomy and encourages cooperation among employees (Nanjundeswaraswamy and Swamy 2015; Rahman 2012; Kelchner 2016). This describes the type of leadership required to build a midwives’ association (Haron 2015).

11.8.1 Multiculturalism and Leadership

Globalisation and population movements have created multicultural societies and a great diversity of beliefs and values among followers (Hofstede and Minkov 2010), challenging leaders to adapt (Eagly 2015; Bristol 2016). No one leadership approach fits all circumstances. Midwifery leaders need to be aware of these issues.

11.8.2 Age

According to Bojadjiev et al. (2017) older people can be better leaders than younger ones due to their ability to deal with and understand people in a more positive way. Younger ones are different. Table 11.1 captures some of the differences.

### Table 11.1 The relationship between age and leadership behaviour

|                     | Younger leaders                                                                 | Older leaders                                                                 |
|---------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| More enthusiastic,  | take risks, although with some reservations                                    | More likely to study the problems to ensure certainty and to reduce risks    |
| More focused on new | approaches                                                                      | More conservative                                                             |
| More comfortable in | turbulent and changing environments with minimal knowledge and skills in       | Wiser and have certain knowledge and skills in leadership and management     |
| Have energy, intensity and emotional expression, when operating |                                                                                 |                                                                                |
| Tend to emphasize short-term results with a production focus | Value good relationships as an important contributor to organisational success |
| Have little experience and observed to rely more on the autocratic style, move toward the democratic before finally employing the laissez-faire leadership trait | Have experience which led to development of certain attitudes and practice different leadership styles |
| Are somewhat self-focused |                                                                                   | Know how to handle people during difficult times                             |

Sources: Bojadjiev et al. (2016, 2017) Age Related Preferences of Leadership Style: Testing McGregor’s Theory X and Y

fulfil these ‘psychological contracts’ through the way they lead.

11.8.3 Individual Expectations and Leadership

Individuals have personal and social identities which form the basis of their goals (Ashford and Cummings 1983; Lord et al. 1999). Leadership practices must align personal and organisational goals to stimulate commitment and motivation. Otherwise, individuals will find ways of fulfilling their own goals (Jackson 2004; Okpara and Wynn 2007). Personal and organisational goal alignment constitute a ‘psychological’ contract between the leaders and the followers (Rousseau 1990; Jackson 2004). Midwifery leaders should

11.9 Leadership Styles

Leadership styles describe how leaders exercise authority and the degree of autonomy they offer to followers. Some authors suggest that men and women lead differently (Patel et al. 2013 in Bojadjiev et al. 2017). Others feel that stereotypes may prejudice women in leadership (Kaiser and Wallace 2016). Blake and Mouton (1964), Fiedler (1967), House and Mitchell (1974), and Stogdill (1974) described behavioural approaches to leadership. Stogdill stated that leadership is situational. Fiedler’s path-goal theory suggests that effective leadership provides a path to a
valued goal. Characteristics of autocratic, democratic and laissez-faire leadership styles are presented in Annex 11.1. Other less discussed types are presented in Annex 11.2. Midwifery leaders need to understand these theories.

Transactional and transformational leaderships are presented in Annex 11.3. Transactional leadership focuses on exchanges of favours between leaders and followers and on reward or punishment for performance. Transformational leadership focuses on binding people around a common purpose through self-reinforcing behaviours.

Bass (1985) explained that successful leaders inspire employees to transcend themselves and do more through idealized influence, inspirational leadership, individualized consideration and intellectual stimulation. The four Is are illustrated in Fig. 11.1 and defined in Box 11.3. Midwifery leadership development programmes should consider including these concepts. Annex 11.4 presents some factors which might either neutralise or substitute leadership.

**Box 11.3. Defining the Four Is of Transformational Leadership**

**Idealised influence:** Leaders act as role models, are able to motivate people around a common purpose through self-reinforcing behaviours gained from successfully achieving a task and from a reliance on intrinsic rewards.

**Inspirational leadership:** Leaders inspire followers by identifying new opportunities, providing meaning and challenge, and articulating a strong vision. They have positive expectations of and can convince members that they are talented and willing to work and can deliver up to their potentials.

**Individualised consideration:** Leaders provide personalised consideration on individual needs for achievement, development, growth and support and adopt coaching and mentoring strategies in their relationships with followers.

---

**Fig. 11.1** Inspiring successful leaders “The Four ‘I’s”. (Derived from Bass (1985))
11.10 The Leader

A leader is expected to have a certain personality, a form of persuasion and power, and the art of inducing compliance (De Pree 2006; Bass and Stogdil 1990). She/he influences diverse followers to willingly expend energy to achieve the organizational objectives (Winston and Patterson 2006); defines the vision and converts the idea into action (Bolden 2004). Midwifery leaders need capacity to do these things for them to present midwifery as one united profession. Box 11.4 presents a non-exhaustive list of selected leadership characteristics; while Box 11.5 presents what literature describes as an effective leader.

11.11 The Follower

The follower can either reject or accept a leadership activity. The follower’s personality and readiness to follow determines the type of leadership style (Hollander 1964). The midwifery leader needs to be sensitive and respectful of these traits among midwives as followers.
Midwifery Leadership Development

The twenty-first century demanded strong, versatile, resilient leaders capable of leading in challenging circumstances (Conger 1993). Leaders needed to be:

- **Strategic opportunists**: To find strategic opportunities.
- **Globally aware**: To cope with environmental demands for flexibility and learning.
- **Sensitive to diversity**: To deal with a racially, gender, sexual orientation diverse workforce and membership.
- **Interpersonally competent**: To be aware of and sensitive to multi-cultural needs and expectations.

- **Builders of an organisational community**: Where work and organisations serve as major sources of identity and fulfilment of needs and members develop a sense of ownership and identity.

Inclusive leadership (Box 11.6), plus effective communication, credibility, being inspirational, fostering acceptance of goals, and being wise, knowledgeable and intelligent should be included in midwifery development programmes. Acts of transformational leadership are highly relevant given their effectiveness in a variety of settings and cultures (Brubaker 2013).

A midwifery leadership development programme should ensure the development of confidence and leadership skills in real-work settings and the creation of leadership teams and networks. Midwifery leadership programmes should move away from heroic leadership based on innate qualities to a set of behaviours that can be developed to produce authentic leaders (Jaye 2017).

**Box 11.5. An Effective Leader**

An effective leader

- Is a difference-maker between success and failure.
- Knows the way, shows the way and goes the way.
- Has a futuristic vision and is positive.
- Knows how to turn his ideas into success stories and is oozing with confidence.
- Takes a little more than his share of blame and a little less than his share of credit (Arnold S. Glasson).
- Does not hesitate to challenge the status quo.
- Ready to ditch the traditional mind set to achieve what others have not yet achieved.
- Allows common people to achieve uncommon results (Andrew Carnegie).

Source: Mike Myatt (2019). Traits of ineffective leaders. https://www.n2growth.com/6-traits-of-ineffective-leaders/. Accessed November 2019.

**Box 11.6. The Six Cs of Inclusive Leadership**

- Commitment to people’s unique contribution.
- Courage to challenge the status quo about deeply held and ingrained beliefs, attitudes and behaviours.
- Cognizance of bias: Making a deliberate effort to prevent own bias from influencing decisions.
- Curiosity: Having hunger for other perspectives to minimise own blind spots.
- Cultural intelligence: Recognise how cultural stereotypes influence one’s expectations of others.
- Collaboration: Enable individuals to express their opinions without fear of judgement or retribution.

Source: Sherwin D. (2019). Success by Design: The 6 Cs of inclusive leadership. https://www.printmag.com/imprint/the-six-cs-of-creative-leadership/. Accessed November 2019.
Authentic leadership is when the individual seeks to be reflective and develops a high level of self-knowledge to understand others with whom the individual works and to operate and engage in an honest transparent manner, providing reassurance and direction particularly in difficult situations (Ross-Davie et al. 2016). The impact of gender, age, culture, organisational politics and societal culture should be included (Eagly and Carli 2003a, b). Prospective midwifery leaders need capacity to deal with and rise above gender issues. Female midwifery leaders require effective strategies to deal with work–family conflict and to dissipate the ‘glass ceiling’ in many settings (Cameron and Quinn 2011; Halverson and Tirmizi 2008).

Jackson (2004), Kuada (2006) and Bolden and Kirk (2009) introduced the ideas of cross-vergence or hybridization, suggesting that leadership development must be built on ideas from many cultures and the multifaceted nature of the factors impacting on leadership practices. Midwifery leadership programme developers need evidence on these concepts including concepts on organisational politics (Ferris and Hochwarter 2011) for programmes to enhance the individual midwifery leader’s intelligence, emotional and political quotients (Owen 2017). Additionally, for successful leadership development, the programme must include different aspects of teaching and learning including education, coaching and quality improvement to enable participants to learn and then embed whatever key leadership behaviours they will have learnt (Ross-Davie et al. 2016).

The National Health Services of the United Kingdom has developed a leadership framework made up of seven domains for leadership in clinical settings—the Clinical Leadership Framework and Medical Competency Framework (NHS Leadership Academy 2012). This is a useful tool for those developing leadership in the clinical settings. Midwifery also needs leadership at regional and global levels. The competencies for these individuals who have to lead and represent midwifery outside the midwifery settings are much broader as described above Forbes (2018).

11.13 Strengthening Midwifery and Leadership

The ICM Leadership Programme’s vision is:

…a future where women, their newborn and families are healthy and receiving optimum midwifery services because the midwifery profession is strong and well led and taking the lead in provision of services within the context of their countries. (ICM 2014)

To achieve this vision, midwifery leaders must be primary advocates for women and their families, chart the way and strengthen midwifery by contributing to global health policy. This implies having midwives holding key positions in global bodies dealing with midwifery and reproductive health; driving change in social, political and cultural arenas; promoting the profession and making midwives and midwifery visible; and acting as inspiring role models for midwives globally (ICM 2014).

Midwifery leadership is needed in research to produce evidence and new knowledge in care provision and workforce development to match the increasingly changing and expanding role of midwives and provide policymakers with a vision, a strategic path, a set of priorities and a range of suggestions and adaptable strategies for action to improve health, address health inequalities and ensure the health of future generations. WHO Regional Office for Europe (2015) in ‘Health 2020’ (Box 11.7) described midwives as ‘a vital resource for health’ and as having key and increasingly important roles to play in society’s efforts to tackle the public health challenges of the twenty-first century (WHO 2015).

Box 11.7. The Aims of the European Policy Framework: Health 2020

Health 2020, the European health policy framework and strategy, aims to improve
Effective leadership makes midwives associations the voice of midwifery. In midwifery education, leadership guides education institutions and programmes based on global guidelines and advocates for resources for the production of competent midwives who provide respectful midwifery care. The ICM brings together leading experts in education, regulation and research into Standing Committees which keep their fingers on the pulse of global health issues and the contribution of midwives. This global leadership needs to be owned, valued and supported by all midwives.

‘In practice, effective leadership will provide oversight, advocacy for quality, respectful midwifery care provision and demonstration and promotion of examples of value-added midwifery interventions in addressing people’s health needs’ (WHO 2015:1). Effective midwifery leaders contribute to workforce development, evidence-based recruitment, deployment and retention of the workforce and discourage the belief that the least qualified members of the healthcare team should work closest to where women live (WHO 2008; Adhikari 2018), thus inadvertently exonerating governments from and perpetuating the lack of development of badly needed facilities and infrastructure in rural areas. Without water, electricity and other modern amenities (internet, housing, transport and communication systems), women cannot enjoy the care of professionals considered highly qualified.

11.14 Putting It All Together

No one leadership style fits all situations. Leaders need to be discerning enough to know when to change styles. Global events have challenged leadership styles. Neither the Western, the African, nor the Asian approaches to leadership fit because populations and organisations consist of neither purely African, Western (European and American) nor Asian cultures. Leaders need characteristics that enable them to function in all settings.

Midwifery leaders need to represent midwives on the decision-making table and provide a vision and a path to help individual midwives to develop an identity. Big midwives’ associations can learn from the corporate world and adapt some of the approaches to midwifery leadership. The Pakistani example showed that female leaders and female followers are unique and need leaders who understand gender dynamics (Rathore et al. 2017). Smaller associations can learn from the Macedonian SME example (Bojadjiev et al. 2017) as they attempt to pull midwives together into a coherent professional group.

Existing leaders must coach, mentor, support and nurture colleagues into the profession. They must guide care processes, support colleagues to love and value the profession and the women they care for; use transactional approaches to provide order and structure to the work and be transformative enough to enable others to be creative, share ideas and continue to learn, as well as nurture and develop resilience in midwives in
times of stress. They must be able to use collaborative leadership approaches to navigate the health systems in which they work and for them to manage to work with multiple stakeholders most of whom are neither midwives nor healthcare providers. Team leadership is effective in clinical settings, with clinical leaders who are experts in their field and who can get their hands dirty when needed.

Older leaders should support and guide younger leaders using their experience and analytic approach to issues. Cultural sensitivity must be one of the hallmarks of midwifery leadership in order to lead a profession that respects diversity among its members and care receivers.

### 11.15 Conclusion

Research on leadership and leadership styles continues. Midwifery research should contribute to these studies and guide the profession in developing its future leaders with a clear vision of what the future holds and to share that vision effectively enough for all midwives to want to follow.

#### Key Messages

- **Principles**
  - Leadership and leadership styles should take into consideration the culture and other characteristics of the followers.

- **Policy**
  - Governments and key stakeholders should support the development of midwifery leadership in order to organise and enhance the quality of midwifery services as well as contribute to the development and management of the health workforce.

- **Practice**
  - Midwifery leaders should take on the responsibility of quality assurance as well as ensure the adoption and adaptation of evidence-based practice in service provision.

#### Questions for Reflection

1. Some text in this chapter suggests that it is easier for midwives to take on leadership because midwifery is mainly a female profession. Midwives as women do not have to compete with men. Discuss this statement giving your opinion for and against it.

2. A number of authors were quoted stating that most leadership concepts are derived from the West and attention has turned to other regions and cultures. Examine the impact of culture and context on leadership with this thought in mind. How does this impact on midwifery care provision and health services in general?

3. Rapid change and global events are stated as having posed a challenge on leadership. Identify three such events and/or changes and highlight how they have impacted on midwifery leadership and care provision (do not forget pestilences such as Ebola, COVID-19, among others).

#### Annex 11.1: Characteristics of Leadership Personae Required by Midwifery Leaders

| Persona   | Characteristics                                                                 |
|-----------|---------------------------------------------------------------------------------|
| Visionary | • Capable of shaping a vision for those who cannot see the possibilities       |
|           | • Thinks big and conceptualises ideas to motivate others to action             |
|           | • Sees the end before the beginning and able to assess from a bird’s eye view |
|           | • Has a long-term mindset and plots his course accordingly                     |
| Optimizer | • Assesses, analyses and maps out improvements that directly save or make money. |
|           | (In health we do not make money but life and positive health outcomes)         |
|           | • Some people rely on to make sound decisions                                  |
|           | • Assesses a situation and immediately sees ways of improving health outcomes  |
|           | • Gains satisfaction from knowing her work makes a difference or makes the business more profitable |
| Persona       | Characteristics                                                                                                                                 |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Builder      | - Executes on a plan managing all aspects, keeping it on time under budget<br>- Specialist in own field with a lot of hands-on experience<br>- Executes on a plan and works through road blocks to completion<br>- Likes to focus on ways to do things better, faster and cheaper |
| Educator     | - Closes gaps in knowledge and ensures staff is clear of their roles and goals<br>- Good at organising thoughts into oral or written communication to motivate and train others<br>- Takes control of an idea and chooses the right method for communicating it<br>- Excels at word play and uses communication skills to guide conversations |
| Super-connector | - Builds relationships with all types of professionals to improve business<br>- Known for extended network of contacts and circle of influence<br>- Identifies and outs two network connections together as a way to help them each to move towards their own goals<br>- Actively seeks and nurtures new relationships, never worrying about whether has too many connections |
| Warrior      | - Goes the extra mile and volunteers to do the tough work when things are challenging<br>- Loyal and passionate about people and the ideas she believes in<br>- Stays strong and carries on with the mission when others give up<br>- Enjoys starting new projects and welcomes the work that goes with it |
| Researcher   | - Gathers data and information to assist in better design and decision<br>- Detail oriented and structured in the work efforts<br>- Assesses and locates the right information and resources needed to complete a project<br>- Enjoys getting things organised and building routines for consistency |
| Mentor       | - Coaches performance and helps others develop their own skill<br>- Seen as thought leader and highly successful in own profession<br>- Coaches others to new levels of awareness and performance |

Source: Types of leaders: Workitdaily-Leadership personae (2019)

### Annex 11.2: Traditional Styles of Leadership

#### Autocratic Leadership Style

In the autocratic leadership style, the leader brings all the decisions and orders to the group. Group members’ behaviour is controlled through punishment reward and arbitrary rules. There is no room for members’ initiative and creativity. The leader, in general, is arrogant, proud and egotistical. This leadership style is useful in situations where there is little time for group decision-making or where the leader is the most knowledgeable member within the group and in times of crisis (Khan et al. 2015). The benefit of autocratic leadership is that it is incredibly efficient (Amanchukwu et al. 2015).

#### Democratic Leadership Style

The democratic style focuses on group relationships and the sensibility of people in the organization. Team members take responsibility for their behaviour. It encourages professional competence prompts quality assuring behaviour (Cummingham et al. 2015:34). Group members can express their feelings, ideas and give suggestions. The leader proposes ideas, is patient, confident and friendly and offers guidance to the members. The leader perceives her/himself as a member of the group and allows sharing ideas from other members of the group. Group members are involved in the decision-making process, although the leader has the last word (Khan et al. 2015). This results in increased motivation, creativity and confidence among group members. The main disadvantage is that extended time is required to move forward (Amanchukwu et al. 2015). It is most suitable for small- and medium-sized groups where the leader can focus on developing highly driven, smaller teams (Fiaz et al. 2017:147). This style is particularly recommended in cases of innovative organizations or projects which require cooperation between various units (Mohuidin 2017:26–27).
**Laissez-Faire Style**

The laissez-faire leadership style is characterized by a lack of real leadership, where every team member can do what he/she wants. There is a disregard of supervisory duties and lack of guidance given to subordinates, which later results in low productivity, resistance to change and low quality of work (Murnigham and Leung 1976). The team members are not only involved in the decision-making process, but they are also responsible for making the final decision, although the full responsibility goes to the leader. Suitable for situations where employees are highly educated and they are confident enough to bring the right decision. They know how to deal with a specific task and how to use the strategies in order to complete the same task (Khan et al. 2015).

Source: Conger (2012). Leadership in the twenty-first Century.

---

**Annex 11.3: Other Less-Talked-About Leadership Styles**

- **Supportive leadership**—Leadership that demonstrates concern for the well-being and personal needs of members. A supportive leader is friendly, approachable and considerate to individuals. Supportive leadership is especially effective when members are performing boring, stressful, frustrating, tedious, unpleasant or difficult tasks. Supportive leadership can reduce anxiety, increase confidence, increase satisfaction and determination to do well in individuals with low self-esteem.

- **Directive leadership**—At times, effective leaders set goals and performance expectations, let organizational members know what is expected, provide guidance, establish rules and procedures to guide and direct work, and schedule and coordinate the activities of members. Directive leadership is called for when role ambiguity is high. Removing uncertainty and providing needed guidance can increase members’ effort, job satisfaction and job performance.

- **Participative leadership**—At times, effective leaders consult with group members and consider their opinions and suggestions when making decisions. Participative leadership is effective when tasks are unstructured, when leaders need help in identifying work procedures and where followers have the expertise to provide this help.

- **Achievement-oriented leadership**—At times, effective leaders set challenging goals, seek improvement in performance, emphasize excellence and demonstrate confidence in organizational members’ ability to attain high standards. Achievement-oriented leaders capitalise on members’ needs for achievement and use goal-setting theory to great advantage.

- **Complexity theory of leadership** is based on the idea that leadership is part of a dynamic and evolving pattern of behaviours and complex interactions among various players, producing power structures and networks of relationships (Schneider and Somers 2006). It states that no single leader can determine the path of the organization; the capacity of each leader depends on his/her position within the complex network of relationships within the organization and her/his capability to distribute resources and emotional support (Ardichivili and Mandscheid 2008).

- **Authentic leadership theory** focuses attention on leaders’ self-awareness and self-regulated positive behaviours and their tendency to exhibit transparent and ethical behaviours (Avolio et al. 2009) which encourage openness and the desire to share information among followers and the leader.

- **Servant leadership theory**—A derivative of the authentic leadership is the servant and coach leadership theory based on the devolution of power to follower. Leaders see themselves as stewards, serving their followers and enhancing their contribution to fulfilling organizational objectives.

Source: Conger 2012: Leadership in the twenty-first Century.
Annex 11.4: Transformational and Transactional Leadership Styles

Transformational Leadership

Transformational leadership involves binding people around a common purpose through self-reinforcing behaviours gained from successfully achieving a task and from a reliance on intrinsic rewards. There are six dimensions of transformational leadership. These are intellectual stimulation, articulating a vision, appropriate role model, and expectations of high performance, group goals and individualized support (Edwards et al. 2016; Speitzer et al. 2005:212).

Transformational leaders act as role models and are able to motivate and inspire their followers by identifying new opportunities, providing meaning and challenge, and articulating a strong vision for the future (Barling et al. 2000; Khaliq et al. 2017). They are enthusiastic and optimistic, communicate clear and realistic expectations and demonstrate commitment to a shared vision. The leader’s responsibility is to convey and communicate a clear vision with clear explanation why and what type of change is necessary (Bass 1999). Followers are encouraged to participate in identifying required change and how to achieve it (Bass 1997), to see deeper purpose in their work and exceed their own self-interests for the good of the organisation and to consider the needs of others over their own, share risks with others and conduct themselves ethically. Transformational leaders provide personalised consideration on individual needs for achievement, development, growth and support and adopt coaching and mentoring strategies in their relationships with followers (Bass and Steidlmeyer 1999; Dong et al. 2017; Brodbeck et al. 2002) and have positive expectations of the team members (Ogbonnaya and Nielsen 2016). The leader is naturally enthusiastic and capable of convincing members that they can deliver up to their potentials because she/he believes they are talented and willing to work and utilises whatever rewards are available (Ahmad et al. 2014). This highly motivates and inspires the team members.

Transactional Leadership

Transactional leaders are very consistent in accomplishing the organization goals and objectives made by either the leaders themselves or the top management. Their prime concern is the accomplishment of task by all means through reward and punishment strategy (Tremblay et al. 2013). The leader makes explicit agreements with the team members about the rewards if they adhere to the policies and the punishment if they fail to do so. The promise of reward and the fear of punishment thus drive the efforts and commitment of the employees and the leader keeps tag of each individual’s performance purpose. For an organization, this style maybe useful to keep every working unit in the organization on track (Vera and Crossan 2004).

Source: Conger (2012). Leadership needs in the twenty-first century. Principles of Management.

Annex 11.5: Substitutes and Neutralisers of Leadership

There are some situations that challenge leadership however well it is exercised. Discuss substitutes for leadership and neutralisers of leadership. Substitutes for leadership are those situations where the role expectations, motivation of organisational members, and some group members characteristics render leadership irrelevant. One example given is when a highly skilled expert performs her/his work according to her/his own standards without needing any outside prompting. A leader is not needed to motivate this person. In some situations, the work itself is motivating. For example, when it involves solving of an intricate problem or when it is familiar and well structured, it is intrinsically satisfying and therefore renders the leader irrelevant. In other situations, the organisational rules are so clear and specific that workers know exactly what is expected of them and do not need help from outside. These situations substitute for leadership.
Neutralisers are situations that prevent the leaders from exercising their authority the way they would like to. Examples include computer-paced activities which prevent the leader from initiating structure or behaviour to either speed up or slow down the process. Some organisations’ labour conditions and terms do not allow the leader to reward people according to performance or be creative in correcting issues. Instead rewards could be based on seniority and years of work irrespective of quality of work, and disciplinary rules are laid down and have to be followed despite the leaders’ desires. This tends to be common in the civil service. So, there is not external motivation from the leader to enhance production. This brings up the issue that allowing oneself to be led is a choice. Individual can resist the efforts of leader, and it is up to the leader to identify what would be neutralising her/his leadership attempts and develop an effective way of dealing with the situation should leadership be needed.

Source: Conger (2012). Leadership needs in the twenty-first century. Principles of Management.

References

Adeyemi TO, Bolarinwa R (2013) Principals’ leadership styles and student academic performance in secondary school in Ekiti State, Nigeria. International journal of academic research in progressive education and development 2(1) ISSN: 2226-6348

Adhihari S (2018) Task shifting: what is task shifting and why is it needed? Glob Health. https://www.publichealthnotes.com. Accessed 12 Jan 2020

Alsouaie A, Jones K (2017) An overview of the current state of women’s leadership in higher education in Saudi Arabia and a proposal for future research directions. Administrative Sciences 7(4):36. ISSN 2076-3387. https://doi.org/10.3390/admsci7040036

Amanchukwu RN, Stanley GJ, Ololude NP (2015) A review of leadership theories, principles and styles and their relevance to educational management. https://doi.org/10.5923/j.mm.20150501.02

Ardivichili A, Manderschied SV (2008) Emerging practices in leadership development: an introduction. Advances in Developing Human Resources. SAGE Journals

Ashford SJ, Cummings LL (1983) Feedback as an individual resource: personal strategies of creating information. Organ Behav Hum Perform 32:370–398

Austin LG (2009) What’s holding you back?: eight critical choices for women’s success. Basic Books, New York

Avolio BJ, Walumbwa FO, Weber TJ (2009) Leadership: current theories, research and future directions. Annual Review of Psychology Vol 60:421–449

Barling J, Slater F, Kelloway K (2000) Transformational leadership and emotional intelligence: an exploratory study. Leadership and Organisational Development Journal 21(3):157–161

Bass BM (1985) Leadership and performance beyond expectations. The Free Press, New York

Bass BM, Stogdil RM (1990) Handbook of leadership, vol 11. Free Press, New York

Bass BM (1997) Does the transactional-transformational leadership paradigm transcend organisational and national boundaries? American Psychologist. 52(2):130

Bass BM (1999) Two decades of research and development in transformational leadership. European Journal of Work and Organisational Psychology. 8(1):9–32

Bass BM, Steidlmeier P (1999) Ethics, character and authentic transformational leadership behaviour. The Leadership Quarterly 10(2):181–217

Bennis WG, Thomas RJ (2002) Geeks and geezers: how era, values and defining moments shape leadership. In: Smith DN, Suby-Long S (eds) Advancing women in leadership: women leaders and narratives: the power of reflecting on purpose and career. Harvard Business School Press, Boston, MA

Bennis WG, Thomas RJ (2007) Leading for a lifetime: how defining moments shape the leaders of today and tomorrow. In Smith DN, Suby-Long S (2019) Advancing women in leadership: women leaders and

Additional Materials

Divall B (2015) A rock and hard place: challenges for midwifery leadership. ACM2015 Oral Presentations/ Women and Birth 28S(2015):S7–S32

Edwards N, Kaseje D, Kahwa E et al (2016) The impact of leadership hubs on the uptake of evidence-informed nursing practices and workplace policies for HIV care: a quasi-experimental study in Jamaica, Kenya, Uganda and South Africa. Implementation Science (2016 11:110. https://doi.org/10.1186/s13012-016-0478-3

Jarvis D, Reeves P (2017) Enabling BME Nurse and Midwife Progression into Senior Leadership Positions. NHS England. Version 1.0. December 2017

Kouzes JM, Posner BZ (2012) The leadership challenge: how extraordinary things happen in organizations. Leadership Challenge, San Francisco, CA

Leadership Academy (2011) Leadership framework: a summary. NHS Leadership Academy, 2011

Stogdill RM (1963) Manual for the leader behavior description questionnaire. Ohio State University, Columbus, OH
narratives: the power of reflecting on purpose and career. Boston, MA: Harvard Business School Press. Blake RR, Mouton JS (1964) The Managerial Grid, Gulf, Houston, TX. Blanchard, K. (2007), Leading at a Higher Level, FT Press, Upper Saddle River, NJ. Blau FD, Devaro J (2007) New evidence on gender differences in promotion rates: An empirical analysis of a sample of new hires. Ind Relat 46(3):511–550. https://doi.org/10.1111/j.1468-232X.2007.00479.x

Bojadiev M, Hristova S, Mileva I (2019) Leadership styles in small and medium sized business: evidence from Macedonian Textile SMEs. https://www.researchgate.net/publication/335171216. Accessed 8 Feb 2020.

Bojadiev M, Kostovski N, Krlui-Handjiski V et al. (2017) Organisational culture and strategic alignment in fast moving consumer goods company. Annual of ISPJR, 41(1):45–56.

Bojadiev M, Stefanovska-Petkoska M, Krlui-Handjiski V et al. (2016) Age related preferences of leadership style: testing McGregor’s Theory X and Y. Journal of Management Research, 8(4). https://doi.org/10.5296/jmr.v8i4.10088

Bolden R (2004) What is leadership? University of Exeter Centre of leadership studies. https://www.researchgate.net/publication/29810622. Accessed 8 Feb 2020.

Bolden R and Kirk P (2009) Cultural perspectives: African leadership surfaced new understandings through leadership development. Int J Cross-cult Manag 9(1):69–86.

Bonafe CA, Casimiro R (2019) The intersectionality between gender and generation: millennial women leadership. Garcia Memorial Research Medical Center, Nueva Ecija University of Science and Technology, Cabanatuan City, Philippines. Accessed 10 Mar 2020. https://doi.org/10.5296/jpag.v9i2.14610

Bristol G (2016) Why diversity in the workplace is imperative. Entrepreneur. https://www.entrepreneur.com/article/270110. Accessed 16 Nov 2019.

Brodbeck FC, Frese M, Jowidam M (2002) Leadership development and team knowledge sharing: Influences of dual-focused transformational leadership. Journal of Organizational Behavior 38 (3):439–458.

Brubaker TA (2013) Servant leadership, Ubuntu, and leader effectiveness in Rwanda. Emerging Leadership Journeys 6(1):114–147.

Byrom S, Doiwne S (2010) ‘She sort of shines’: midwives’ accounts of ‘good’ midwifery and ‘good’ leadership. Midwifery 26:126–137.

Cameron KS, Quinn RE (2011) Diagnosing and changing organizational culture, based on the competing values framework. Jossey-Bass, San Francisco, CA.

Carlton DW, Perloff JM (2015) Modern Industrial Organization, Global edition. Higher education, 4th edn. Pearson, Cham. https://www.pearson.ch/HigherEducation/Pearson/EAN/9781292087856/Modern-Industrial-Organization-Global-Edition. Accessed 12 Apr 2020.

Center for Creative Leadership (2013) Leadership development: results that matter. Online leadership learning. https://www.ccl.org/. Accessed 20 Mar 2020.

Cho T, Ryu K (2016) The impacts of family-work conflict and social comparison standards on Chinese women faculties’ career expectation and success, moderating by self-efficacy. Career Dev Int 21(3):299–316. https://doi.org/10.1007/CDI-11-2015-0146

Choy J, McCormack D, Djurkovic N (2016) Leader/member exchange and job performance: the mediating roles of delegation and participation. J Manag Dev 35(1):104–119.

Clarke AN, Cilenti D (2017) Developing collaborative maternal and child health leaders: a descriptive study of the National Maternal and Child Health Workforce Development Center. Maternal Child Health Journal 22:17–23. https://doi.org/10.1007/s10995-017-2399-4

Conger JA (2013) Leadership needs in the 1st Century. In Principles of Management McGill University. https://openstaxbc.ca/principlesofmanagementopenstax/chapter/leadership-needs-inthe-21st-century/#ch13finn-109

Conger JA (2012) Leadership needs in the 21th century. Principles of Management BC Open textbooks. https://openstaxbc.ca/principlesofmanagementopenstax/chapter/leadership-needs-in-the-21st-century/. Accessed 16 Nov 2019.

Cummingham J, Salomone J, Wielgus N (2015) Project management leadership style: a team member’s perspective. International Journal of Global Business. 8(2):27–54.

De Pree M (2006) Leadership is an art. Kindle edition. https://www.amazon.com/Leadership-Art-Max-Depree-book/dp/B0053CT29A/ref=sr_1_1?_encoding=UTF8&qid=1578302739&refinements=p_27%3AMax+Depree&sr=1-1

Divall B (2015) Negotiating competing discourses in narratives of midwifery leadership in the English NHS. Midwifery 31(2015):1060–1066.

Dong Y, Bartol KM, Zhang Z-Xue, Li C (2017) Enhancing employee creativity via individual skill development and team knowledge sharing: Influences of dual-focused transformational leadership. Journal of Organizational Behavior 38 (3):439–458.

Dorffman P, Howell JP, Hibino S et al (2006) Leadership in Western and Asian countries: commonalities and differences in effective leadership practices. In: Pierce J, Newstrom J (eds) Leaders and the leadership process. McGraw-Hill, New York.

Durham CC, Knight D, Locke EA (1997) Effects of leader role, team-set goal difficulty, efficacy, and tactics on team effectiveness. Organ Behav Hum Decis Process 72(2):203–231.

Eagly AH (2015) Foreword. In: Ngunjiri FW, Karen A, Longman KA et al (eds) Women and leadership around the world. Information Age, Charlotte, pp ix–xiii.

Eagly AH, Carli LL (2003a) Finding gender advantage and disadvantage: systematic research integration is the solution. Leadersh Q 14(6):851–859. https://doi.org/10.1016/j.leaqua.2003.09.003
Additional Materials

Eagly AH, Carli LL (2003b) The female leadership advantage: an evaluation of the evidence. Leadersh Q 14(6):807–834. https://doi.org/10.1016/j.leaqua.2003.09.004

Eagly AH, Johannesen-Schmidt MC, van Engen M (2003) Transformational, transactional, and laissez-faire leadership styles: a meta-analysis comparing women and men. Psychol Bull 129(4):569

Edwards N, Kaseje D, Kahwa E et al (2016) The impact of leadership styles on the uptake of evidence-informed nursing practices and workplace policies for HIV care: a quasi-experimental study in Jamaica, Kenya, Uganda and South Africa. Implementation Science 11:110. https://doi.org/10.1186/s13012-016-0478-3

Elangoan AR, Xie JL (2000) Effects of perceived power of supervisor on subordinate work attitudes. Leadership & Organization Development Journal 21(6):319–328

Fadare S (2018) Leadership styles and effectiveness among Sub Saharan African employees. The Journal of Value Based Leadership. 11 2:11. https://scholar.valpo.edu/jvbl/vol11/iss2/11/. Accessed 8 Mar 2020

Ferris GR, Hochwarter WA (2011) Organisational politics. In: Ferris GR, Treadway DC (eds) Politics in organizations: theory and research considerations 2012. American Psychology Association, Washington, DC, pp 3–26

Fiedler FE (1967) A theory of leadership effectiveness. McGraw-Hill, New York, NY

Fiaz M, Qin S, Ikrama A et al. (2017) Leadership styles and employees’ motivation: a team member perspective from an emerging economy. Journal of Developing Areas. 51(4). https://doi.org/10.1007/sja.2017.0093

Fizza K, Rathore K, Qaisar A (2019) Relationship of benevolent leadership and organizational citizenship behavior: Interactional effect of perceived organizational support and perceived organizational politics. Pakistan Journal of Commerce and Social Sciences (PJCSS) 13(2);283–310

Forbes (2018) Leadership: 8 essential qualities that define great leadership. https://www.forbes.com/sites/kimberlyfries/2018/02/08/8-essential-qualities-that-define-great-leadership/#2707dea73b63

Girmeaţă A, Potoçvaru M (2015) The influence of organizational culture in increasing the performance of textile and clothing companies. in The 4th Multidisciplinary Academic Conference in Prague, Czech Republic. Proceedings of the 4th MAC

Gyekye K (1997) Tradition and modernity: Philosophical reflections on the African experience. Oxford University Press, New York

Gyekye K (2010) African ethics. In: Zalta E (ed.). Stanford Encyclopedia of Philosophy. https://plato.stanford.edu/entries/african-ethics/. Accessed 12 Dec 2019

Halverson CB and Tirmizi SA (Eds) (2008) Effective multicultural teams: theory and practice. Springer Science and Business Media, 6 June 2008

Haron H (2015) Corporate social responsibility: a review on definitions, core characteristics and theoretical perspectives. Mediterranean Journal of Social Sciences 6(4):83–95. https://doi.org/10.5901/mjss.2015.v6n4p8

Helgesen S, Johnson J (2010) The female vision: women’s real power at work. Berrett-Koehler, San Francisco

Hochwarter WA, Witt LA, Kacmar KM (2000) Perceptions of organizational politics as a moderator of the relationship between consciousness and job performance. J Appl Psychol 85(3):472–478

Hofstede G (1991) Cultures and organisations: software of the mind. McGraw-Hill Book Company, London

Hofstede GJ, Minkov M (2010) Cultures and organizations—software of the mind: intercultural cooperation and its importance for survival. McGraw-Hill, New York

Hollander EP (1964) Leaders, groups and social influence. In: Pearce CL, Conger JA (eds) Shared leadership: reframing the hows and whys of leadership 2003. Oxford University Press, New York

Hollander EP, Jullian JW (1969) Contemporary trends in analysis of leadership process. Psychological Bulletin 7(5):387–397

House RJ, Mitchell TR (1974) Path-goal theory of leadership. J Contemp Business 86

Huang J, Aalto I (2014) Guanxi and social capital: networking among women managers in China and Finland. Int J Intercult Relat 39:22–39

International Confederation of Midwives (2014) Curriculum of the young midwifery leaders programme. https://www.internationalmidwives.org. Accessed 10 Nov 2019

International Confederation of Midwives (2019) International Confederation of Midwives website. https://www.internationalmidwives.org/Who we are

Jackson T (2004) Management and change in Africa: a cross-cultural perspective. Routledge, London

Jarvis D, Reeves P (2017) Enabling BME nurse and midwife progression into senior leadership positions. NHS England Version 10, December 2017

Javalgi RG, Scherer R, Sanchez C et al (2011) A comparative analysis of the attitudes toward women managers in China, Chile, and the USA. Int J Emerg Mark 6(3):233–253

Jaye N (2017) Authentic leadership: George B in Finding Your True North. Leadership, Management & Communication Skills CFA Institute. https://blogscfainstitute.org/investor/2017/08/15/authentic-leadership-bill-george-on-finding-your-true-north/. Accessed 11 Nov 2019

Jones K, Ante A, Longman KA et al (eds) (2018) Perspectives on women’s higher education leadership from around the world. Administrative Sciences. MDPI, Basel, Beijing, Barcelona, Belgrade

Kaiser RB, Wallace WT (2016) Gender bias and substantive differences in ratings of leadership behavior: toward a new narrative. Consulting Psychology
Metz T (2013) The Western ethic of care or an Afro-communitarian ethic? Finding the right relational morality. Journal of Global Ethics 9:77–92

Metz T (2015) How the West was one: the Western as individualist, the African as communitarian. Educ Philos Theory 47:1175–1184

Metz T (2017) Managerialism as anti-social: Some implications of ubuntu for knowledge production. In: Cross M, Ndofirepi A (eds) Knowledge and change in African Universities, vol 2. Sense Publishers, Rotterdam, pp 139–154

Metz T (2018) An African theory of good leadership. https://www.researchgate.net/publication/328981934. Accessed 12 Dec 2019

Mianda S, Voce AS (2018) Midwifery conceptualizations of clinical leadership in the labor ward of district hospitals in KwaZulu-Natal, South Africa. Journal of Healthcare Leadership 10:87–94

Michaud J, Lituchy TR, Acosta M et al (2019) Effective Leadership in Mexico: an extension of the LEAD project. Journal of African Business 20(1):72–90. https://doi.org/10.1080/15228916.2019.1583936

Mihai M (2015) Processing–formulation–performance relationships of polypropylene/short flax fibre composites. J Appl Polym Sci 132(9):3–6

Mohludin ZA (2017) Influence of leadership styles on employees’ performance: evidence from literature. Journal of Marketing Management. 8(1):18–30

Murnigham JK, Leung TK (1976) The effects of leadership involvement and the importance of the task on subordinate performance. Organisational Behaviour and Human Performance. 17:299–310

Myatt M (2019). Traits of ineffective leaders. https://www.n2growth.com/6-traits-of-ineffective-leaders/. Accessed November 2019

Nanjundeswaraswamy TS, Swamy DR (2015) Quality of work life: scale development and validation. Int J Caring Sci 8(2):281

Ndlovu PM (2016) Discovering the spirit of Ubuntu leadership. Macmillan Palgrave, London. https://doi.org/10.1057/9781137526854

Ndlovu-Gatsheni S, Ngcaweni B (eds) (2017) Nelson Rolihlahla Mandela: decolonial ethics of liberation and servant leadership. Africa World Press, Trenton, NJ

Northouse PG (2019) Introduction to leadership: concepts and practice. SAGE, PG Northouse

O’Connor P (2015) Good jobs—but places for women? Gend Educ 27(3):304–319

O’Sullivan K (2019) “Holding up Half the Sky”—Women and the Glass Ceiling at a University in China. Department of Student Recruitment, Admissions & Services, Niagara College KSA, Al Majma’ah, Kingdom of Saudi Arabia

Ogbonna C, Nielsen K (2016) Transformational leadership, high performance work practices, and an effective organization. Academy of Management, New York

Okpara JO, Wynn P (2007) The effect of culture on job satisfaction and organizational commitment: a study of information system managers in Nigeria.
African Journal of Business and Economic Research 2(2/3):9–36
Owen J (2017) Global teams: how the best teams achieve performance. Pearson Education, Harlow
Parriss RAW, Hart P (2013) The Oxford handbook of political leadership. OUP, Oxford
Patel G (2013) Gender differences in leadership styles and the impact within the corporate boards. The Commonwealth Secretariat, Social Transformation Programmes Division, London
Powell-Kennedy H (2011) Foreword. in Essential midwifery practice: Leadership, expertise and collaborative working. by Soo Downe, Sheena Byrom and Louise Simpson. Wiley-Blackwell. Blackwell publishing ltd
Rahman MA (2012) A comprehensive model of 21st century leadership. Bangladesh Journal of MIS 2,3,4,85(1) ISSN 2073-9737 https://www.researchgate.net/publication/257351407_A_Comprehensive_Model_of_21st_Century_Leadership
Rathore K, Chaudhry AK, Nauman A (2017) The influence of leadership styles on employees performance perceptions of organizational politics: A study of telecom sector in Pakistan. International Journal of Management Research and Emerging 7(1):106–140
Read J (2019) The profile of professional midwifery leadership in England. British Journal of Midwifery 2019 27(2):120–128
Reid J (2016) The effects of leadership styles and budget participation on job satisfaction and job performance. Asia-Pacific Management Accounting Journal 3(1):21–46
Robert C, Probst TM, Martocchio JJ et al (2000) Empowerment and continuous improvement in the United States, Mexico, Poland, and India: predicting fit on the basis of the dimensions of power distance and individualism. J Appl Psychol 85:643–658
Ross-Davie M, Stevenson R, Maynor K (2016) The development, implementation and evaluation of a leadership programme for midwives. Evidence Based Midwifery 14(3):87–93
Rousseau DM (1990) New hire perceptions of their own and their employer’s obligations: a study of psychological contracts. Journal of Organizational Behaviour 11:389–400
Sandberg S, Scovell N (2013) Lean in: women, work and the will to lead. Random House, New York
Schneider H, Somers M (2006) Organisations as complex adaptive systems: implications of complexity theory on leadership research. The Leadership Quarterly 17(4):351–65
Schein EH (2010) Organizational culture and leadership, 4th edn. Jossey-Bass, San Francisco, CA
Shuttle A (2001) Ubuntu: an ethic for the new South Africa. Cluster Publications, Cape Town
Speitzer GM, Perttula KH, Xin K (2005) Traditionality matters: an examination of the effectiveness of transformational leadership in the United States and Taiwan. Journal of Organisational Behaviour 26(3):205–227
Sørensen OJ, Kuada J (2001) Institutional context of Ghanian firms and cross-national inter-firm relations. In: Jacobsen G, Torp JE (eds) Understanding business systems in developing countries. Sage, New Delhi, pp 163–201
Staines G et al (1973) The queen bee syndrome. In: Tavris C (ed) The female Experience. CRM Books, Del Mar, CA, pp 34–56
Stodgill RM (1974) Handbook of leadership: a survey of theory and research. The Free Press, New York, NY
Tremblay M, Vandenberghe C, Doucet O (2013) Relationship between leader-contingent and non-contingent reward and punishment behaviours and subordinates’ perception of justice and satisfaction, and evaluating the moderating influence of trust propensity, pay level and role ambiguity. Journal of Business Psychology 28(2):233–249
Tutu D (1999) No future without forgiveness. Random House, New York
USAID (2015) Leadership, management and governance for midwifery managers. updated in 2015. Amref Health Africa Virtual Training School. Nairobi
Vera D, Crossan M (2004) Strategic leadership and organisational learning. Academy of Management Review. 29(2):222–240
Wang W, Cho T (2013) Work-family conflict influences on female’s career development through career expectation. Journal of Human Resource and Sustainability Studies 1(3):43–50. https://doi.org/10.4236/jhrs.2013.13007
Watkins MD (2013) What is organizational culture? And why should we care? Harvard Business Rev. https://hbr.org/2013/05/what-is-organizational-culture. Accessed Nov 2019
West M, Armit K, Eckert R et al (2015) Leadership and leadership development in health care: the evidence base. Center for Creative Leadership, Kings Fund
Whitley R (ed) (1994) European business systems: firms and markets in their national contexts. Sage, London
Winston BE, Patterson K (2006) An integrative definition of leadership. Int J Entrep Business Innov 6(2):6–66
Woermann M, Engelbrecht S (2017) The Ubuntu challenge to business: from stakeholders to relation holders. Journal of Business Ethics 1(1):1–18. https://doi.org/10.1007/s10551-017-3680-6
World Health Organization (2008) Task shifting: global recommendations and guidelines. WHO, Geneva
World Health Organization Regional Office for Europe (2015) Nurses and midwives: a vital resource for health. WHO European Region, Copenhagen
Wright PL, Taylor DS (1994) Improving leadership performance: interpersonal skills for effective leadership (2nd ed.) Prentice Hall, Hemel Hempstead, Herts
Xie Y, Zhu Y (2016) Holding up half of the sky: women managers’ view on promotion opportunities at enterprise level in China. Journal of Chinese Human Resource Management 7(1):45–60. https://doi.org/10.1108/JCHRM-11-2015-0015

Yan S, Wu Y, Zhang G (2018) The gender difference in leadership effectiveness and its Sino-US comparison. Chin Manag Stud 12(1):106–124. https://doi.org/10.1108/CMS-07-2016-0148

Yang Y (2011) Gender and engineering career development of hotel’s employees in China. Systems Engineering Procedia 1:365–371. https://doi.org/10.1016/j.sepro.2011.08.055

YourDictionary (2018) Definition of administration

Zhang L (2005) The particular career experiences of Chinese women academics. In F Du, X Zheng, and LY Tachakkayo (Eds) Women’s studies in China: mapping the social, economic and policy changes in Chinese women’s lives. (p77–114) Seoul: Ewha Women’s University Press

Zhang L (2010) A study on the measurement of job-related stress among women academics in research universities of China. Front Educ China 5:158–176. https://doi.org/10.1007/s11516-010-0011-4

Zhang Y, Foo SF (2012) Balanced leadership: perspectives, principles and practices. Chin Manag Stud 6(2):245–256. https://doi.org/10.1108/17506141211236686