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Nurses' views of shared leadership in ICU: A case study

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Summary New management models develop; one of them is shared leadership where two nurse managers share tasks and responsibility for a unit. The overall aim of this study was to describe the view of the staff about shared leadership at an ICU in Sweden and to study if there were any differences in perceptions between staff groups. This unit had changed the management organisation from single leadership (one nurse manager) to shared leadership (two nurse managers). Sixty-four (79%) registered nurses and assistant nurses responded to a 72 item questionnaire measuring social and organisational factors at work, especially leadership and shared leadership.

The results showed that staff reported positive views in relation to the dimensions 'Organisational culture', 'Social interactions', 'Work satisfaction', 'Leadership', 'Shared leadership' and 'Work motives'. Registered nurses reported more positive views than assistant nurses in relation to the dimensions: 'Organisational culture', 'Social interactions', 'Work satisfaction' and 'Leadership'. Further, females had more positive views than males on the dimension 'Social interactions'. Staff described that shared leadership positively influenced the work in terms of confidence. In conclusion, staff reported positive views of work and the model shared leadership in the investigated ICU. One implication is that nurse managers have to be conscious of different health professionals in the unit and it is important to offer a good working environment for all staff. However, more research is needed within the area of shared leadership. A future research project could be to add a qualitative research question about how work and shared leadership affects different health professionals in the day to day practice both at the managerial as well as the team level to improve health care.

Introduction

New management models develop; one of them is shared leadership. Due to the differences about the concepts of shared leadership, this paper will focus on nursing leadership

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when leadership is shared at the managerial level where two nurse managers share tasks and responsibility for a unit (Döös and Wilhelmson, 2003; Wilhelmson et al., 2006). The aim of this study was to describe the view of the staff of shared leadership in an ICU in Sweden, as a part of a wider research project. Staff are defined as registered nurses and assistant nurses.

Shared leadership

Internationally, a shared leadership model could be understood as a system of management/leadership (team level, not managerial level) that empowers all staff in the decision-making processes (George, 1999). An international perspective of shared leadership offers the opportunity to manage and develop a team by coaching the professionals to achieve full potential. It is an effective way to improve work environments, job satisfaction and reduction in turnover rates (Chiok Foong Loke, 2001; George et al., 2002; McCallin, 2003; Tourangeau and McGilton, 2004; Walker, 2001; Williams et al., 2002). Shared leadership is described as the result of teamwork to improve practice and save costs and as an essential structure to facilitate growth of nurses' authority in collegiality and mutual respect (Cooper, 2002; Kerfoot, 1994, 2004; Moss, 1995; Walsh et al., 2003). Shared leadership focuses on the team's value and efficiency expanding to other management professions beyond physicians (Hyer et al., 2000).

George (1999) and Walker (2001) describe shared leadership as a model which supports staff nurses affecting their practice, work environment, professional development and self-fulfilment. Shared leadership skills could be viewed as shared governance, continuous learning at work and the enhancement of relationships. In an ICU setting a shared leadership approach was used to identify strategies for solving problems and to point out that relationship building is the key to shared leadership and staff-driven initiatives (Williams et al., 2002). Implementation of shared leadership results in increased staff leadership behaviours, autonomy and improved patient care outcomes by effective planning, preparation and commitment (George et al., 2002; O'Connor and Walker, 2003; Scott and Caress, 2005).

Nevertheless, barriers in relation to shared leadership exist including a non-responsive environment due to lack of collegiality, increasing workload demands, high turnover, boring work, lack of responsibility and insufficient management goal setting (George et al., 2002). Preparation of staff by allowing time for the group to grow is important when shared leadership is implemented. Shared leadership is an ongoing and fluid process which requires continuous evaluation in order to be flexible in the ever-changing health care settings (Scott and Caress, 2005; Williams et al., 2002). Most international empirical studies of the shared leadership model have been focused at the team level. But, in Sweden, shared leadership is described as an overall leadership model at the unit or managerial level, not only at the shift level (Döös and Wilhelmson, 2003; Wilhelmson et al., 2006; Rosengren, 2008).

A project using shared leadership was developed in an intensive care unit in Sweden. The former nurse manager on the unit stressed that it was an impossible mission to have one manager at the unit due to the number of staff members (81 employees). A three-year project was started in 2001 with two nurse mangers employed to share the responsibility and authority for all tasks in the unit. Due to the differences in the concepts of shared leadership, this paper will contribute further knowledge about staff's perception of the work environment, for example the quality of nursing leadership when leadership is shared at the managerial level. Therefore, the overall aim of this study was to describe staff's views about shared leadership at an ICU in Sweden and to study if there were any differences in perceptions between staff groups.

Methods

Setting

An ICU in Sweden had changed the management organisation from single leadership (one nurse manager) to shared leadership, i.e. two nurse managers who shared the responsibility for the ward, including both day to day management and improvement of care practice. The present study took place at an eight-bed unit with 81 employees (49 registered nurses, 32 assistant nurses). This new shared leadership model was introduced in 2001 and had been used in the ward for almost three years when this study took place.

Research design

The design of this study is a case study (Yin, 1994) using a questionnaire which had been modified to collect the data. The General Nordic Questionnaire for Psychological and Social Factors at Work (QPSNordic), measures the individual's perception of the work situation. The quality of leadership was used analysed by SPSS (version 12.0). The sample selection was the total population of the ICU nurses in the ward where the project shared leadership was ongoing. All caregivers ($n = 81$) who were employed a minimum of 50% of fulltime with at least three months work experience in the ICU were selected. Data collection took place during 2003 with anonymous questionnaires delivered to the mailboxes of the staff along with an information letter. The letter emphasised that participation was voluntary, confidentiality was assured and that individual persons would not be identifiable. One reminder was sent out. The questionnaires were returned to a sealed collection-box. No ethical approval is required in Sweden for this kind of study on staff members. Permission for the study was obtained from the head of the ICU. A total of 64 questionnaires were returned, resulting in a response rate of 79%. In the sample, there were 13% males and 87% females. Registered nurses made up 60% of the group and assistant nurses 40%, a common proportion of nurses in Sweden at the time the data collection took place. The distribution of the sample with regard to profession is shown in Table 1.

Questionnaire

A questionnaire consisting of 72 items divided into six dimensions was used: 'Organisational culture' (17 items including the dimension 'Social interactions'), 'Work satisfaction' (three items), 'Leadership' (10 items), 'Shared leadership'