Intensive and Critical Care Nursing (2010) 26, 288—295

available at www.sciencedirect.com

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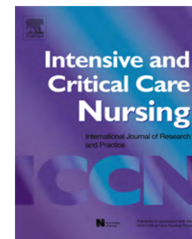

ORIGINAL ARTICLE

Supporting ''two-getherness'': Assumption for nurse managers working in a shared leadership model

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Accepted 2 August 2010

KEYWORDS
Nurse manager;
Shared leadership;
Relationship;
Qualitative method

Summary New leadership models are developing; one of them is shared leadership, which is often described at the team level. In this study, shared leadership is explored at the managerial level. The aim of this case study was to describe two nurse manager's experiences of working together as equal partners within a shared leadership model at an intensive care unit in Sweden. The study comprised a total of 12 interviews collected over three years with two nurse managers who worked together in shared leadership. 'Developing active influence to improve care' was identified as the core category, which was related to five subcategories 'Safeguarding leadership', 'Enabling leadership', 'Supporting 'two'-getherness', 'Transparent determination' and 'Balancing power'. A new construct 'two'-getherness' was created, this means that two equal nurse managers within a trustful relationship share responsibility and tasks by using the couples' strengths and minimizing their weaknesses. Nurse managers experienced increased opportunities to improve work standards and do the very best for the ward. Moreover, the shared leadership model balanced the burden of day-to-day management. A model of shared leadership was created for further research.
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Introduction

Demands for high quality of care characterise the modern health care organisation. Models such as shared leadership have been developed to manage health care for the future. In this case study, two nurse managers' experiences of working as equal partners within a shared leadership model on an intensive care unit in Sweden are described and a model of shared leadership is tentatively developed. The study is part of a wider research project in shared leadership.

Nursing leadership in models of shared leadership

Literature reviews (McCallin, 2003; Ensley et al., 2006; Steinert et al., 2006) show that shared leadership often is described as an interdisciplinary team leadership model, a form of distributed leadership originating within teams and usually requiring development. Overall, earlier research (Campbell et al., 2001; Walker, 2001; George et al., 2002; Kerfoot, 2005; Fallis and Altimier, 2006) showed that shared

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0964-3397/$ — see front matter © 2010 Elsevier Ltd. All rights reserved.
doi:10.1016/j.iccn.2010.08.002

leadership is a model that supports staff nurses in extending their influence about decisions that affect their practice, work environment, professional development and it results in higher levels of self-fulfilment. Shared leadership promotes open relationships between staff and management and offers an excellent environment for professional development. Shared leadership (Bally, 2007) develops professional responsibility and collective ventures amongst the staff. Healthy workplaces facilitate team behaviour within the nursing staff (Parsons et al., 2007). Moreover, transparency and accountability amongst health professionals are needed for building a trustful work organisation (Vogelsmeier and Scott-Cawiezell, 2007). When leaders share meanings by interacting with the staff (Boal and Schultz, 2007), the ground is prepared for improved work performance. Nursing staff considered that it was important that their leaders are present and available (Rosengren et al., 2007). They also highlighted that nurse managers were expected to support everyday practice, facilitate professional recognition and improve care in their day to day role as managers.

Research in Sweden about shared leadership (Döös and Wilhelmson, 2003; Wilhelmson et al., 2006; Rosengren, 2008) shows that a joint value-system and a joint approach improve working conditions. Shared leadership provides time for development work. Strategic leaders shape the evolution of healthy work organisations through dialogues and storytelling. Nursing staff describes shared leadership as a knowledgeable and supportive model that promotes an environment of learning and partnership in organisations (Döös and Wilhelmson, 2003; Kerfoot, 2005; Wilhelmson, 2006; Wilhelmson et al., 2006; Rosengren, 2008). The leader's job becomes one of teaching and mentoring instead of controlling staff members.

Styles of nursing leadership and management have developed through history. The nursing profession now calls for a new kind of leadership that seeks openness, humility, courage and passion with leaders embracing silence and reflection as pathways to unravel the mystery of each person (Woude, 2007). There is a need to find creative new ways to apply nursing leadership theories. It has been found that when nurse managers have emotional self-awareness they promote positive relationships and create a holistic environment for other staff nurses (Weber, 2007). A theory called 'caritative leadership' based on administrative skills such as helping and enabling staff in creating a culture of care has been developed by Bondas (2003, 2006, 2009, 2010). Caritative leadership is based on human relations and human dignity, human love and mercy. Bolman and Deal (1997) also describe leadership in terms of human relations and emphasize the need for autonomous working groups. They propose that the leader plays the part of an inspirer who creates hope and an aesthetic environment within the organization.

Most empirical studies of the shared leadership model have focused on the team level and on staff views of its advantages and barriers. There is a lack of research on the nurse managers' own experiences of shared leadership at the managerial level. Therefore, the aim of this study was to describe nurse managers' experiences of working together as equal partners within a shared leadership model at an intensive care unit (ICU) in Sweden.

Methods

Research design

This study was carried out according to the grounded theory tradition (GT). In this tradition events are interpreted as experienced processes in order to generate concepts, models or theories. The research methodology could be described as a conceptual method, focusing on patterns of behaviour. People have different perspectives, and GT explain behaviour that occurs (Glaser and Strauss, 1967; Glaser, 1978, 1992), in this study when a new leadership model is introduced and developed. The study can be viewed as a case study (Yin, 1994) due to the three-year long process of developing and implementing a new managerial model of shared leadership on a Swedish ICU.

Setting

This study was carried out on a 10 bedded ICU in Sweden. Patients on the ward were severely ill needing mechanical ventilation and continuous attention. Data was collected over a period of three years (2000—2003). A new managerial model of shared leadership at the ward level was implemented. Two nurse managers shared responsibility instead of one single nurse manager. The change from single leadership to shared leadership took place before the study commenced. The former nurse manager had called attention to the need for a new leadership model due to a high burden of work. The ICU had 85 employees: 49 registered nurses (educated at university level), 32 practical nurses (educated at college level), one secretary and three consulting physicians.

Informants

Meetings were held at the ward where the first author presented a proposal to the managers (both females) with specialisation in intensive and critical care to study the shared leadership project. The two registered nurse managers were informed about voluntary participation and both agreed to participate in the study knowing they had the right to withdraw from the study at any time.

Data collection

The study comprised a total of 12 interviews with the two nurse managers (Table 1). The data collection took place during a period of three years (2000—2003). Six interviews were held with each nurse manager. Interviews took place on the ward every sixth months during the project of shared leadership. All interviews were carried out in private in a room adjacent to the ward. All interviews were conducted by the first author. The questions were based on the nurse managers' experiences about shared leadership. The duration of interviews was between 60 and 90 minutes, the interviews were taped and transcribed verbatim by the first author. Data comprise a total of 214 A4 pages, 10 points single line spacing in Time New Roman, word count 141 358.

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