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Leadership Ideas—A Study with Prospective Nursing Leaders

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Abstract

Introduction: The study is based on P. Kostenbaums theory about leadership as greatness. His theory distinguishes four interdependent leadership "orientations": ethics, vision, courage and reality. People with qualities have developed greatness and wisdom in their mind, as well as competence to act ethically. The leadership research has shaped a leadership figure that can be described as *a picture of a hero*. Aim: The aim of this paper is to find out the idea of leadership based on earlier research and analyse their relevancy for nursing-management. Method: The study is a qualitative study based on earlier studies with focus on the basic idea of leadership with relevancy for nursing management and leadership. Sex students, from a master degree program in Finland, collected data based on earlier research. Findings and Interpretation: The ideas of leadership consist of three basic ideas: leadership as greatness, leadership as interactions and relations, and leadership based on the idea of shared leadership. Discussion: The prospects for leading others are to master the balance between the degree of freedom and control, to build trust, and to provide directives and control until confidence. To lead without "meeting" makes that the employers never give desired results. The purposes of the ideas of leadership are to create trust, confidence and understanding of where the other person is located. Being seen and being confirmed is fundamental to pace an individual and create opportunities to lead within nursing care.

1. Introduction

Leadership has never been studied so much as today, but mostly of the research has focused on the leaders as a person, not at leadership as phenomena. How can we explain the leadership and the basic idea of leadership?

Ayman and Korabik stated that leadership as a phenomenon never could be answered in a simple way [1]. Today, many employees, even nurses, feel that their jobs are threatened due to cost streamlining and ideas about production changes [2] [3].

The Leadership Diamond® [4], created by Peter Koestenbaum, is a model for develop leadership mind and a methodology for expanding leadership. The Diamond distinguishes four "orientations": ethics, vision, courage and reality. These orientations are the person's inner resources, always available if the person accesses them. The relationship among the four orientations determines the shape and size of the space within the Leadership Diamond®. The space within the Diamond is the person's leadership capacity, which Kostenbaum calls "greatness" [4]. The leadership Diamond is described in **Figure 1**.
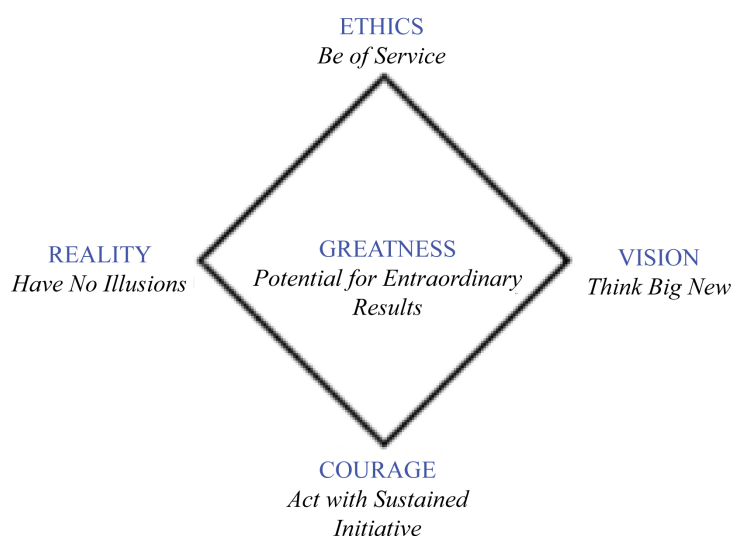
Kostenbaum asked two questions that were relevant to every leader regardless of the field: How can we live a courageous life and manage anxiety? Is it possible for a leader to reach greater heights of ethics and responsibility [4] [5]? Kostenbaum responded himself to his questions through his model that he called Leadership diamond. A model challenges leaders to change their way of thinking and relating to ultimately achieve higher levels of greatness.

A great organization needs great co-workers. Koestenbaum and Block [5] offered a new perspective for the workplace, through viewing at a philosophy for a better understanding of how to reclaim your freedom, accountability and encourage. Kostenbaum and Block provided a radical new approach to the daily work life. Their approach will bring true meaning and power to employers. Freedom and accountability at work offered by people need to:

- Gain strength and meaning by transforming your thinking on how you view anxiety, doubt, death, and guilt.
- Find new ways to bring spiritual and ethical values into the workplace.
- Engage in profound change that will help employers overcome cynicism that comes from superficial change.
- Replace the employers loss of organizational loyalty and safety with a sense of freedom and accountability.

Both Kostenbaum and Block [5] are eager to reconcile the meaning of work, transparency in the work and humanity. Researcher stresses that employers will become an active part of the problem solving process and decision process [2] [3] [6]. The leaders have developed their leadership skills, like intelligence and wisdom [4]. Good staff are hard to find, difficult to educate, develop and difficult to maintain. It is important to create a culture that allows leaders develop to understand how employees think and what their needs are and the ability to assess individual employees' individual expectations [7] [8]. The leader should have the competence to elicit the employees' strengths and capacities to make use of this resource in the daily work [9]-[11].

People with qualities have developed greatness and wisdom in their mind, as well as competence to act ethically [8] [12]. Cervani et al. stated that the leadership research had shaped a leadership figure that could be described as a picture *of a hero*. Cervani et al. [12]-[14] made a difference between the post-heroics perspective and the picture of the leader as a hero. Cervani et al. described a hero as an individualist, responsibility of

ETHICS
Be of Service

REALITY
Have No Illusions

GREATNESS
Potential for Entraordinary Results

VISION
Think Big New

COURAGE
Act with Sustained Initiative

Figure 1. Leadership diamond, created by P. Kostenbaum.

problem solving and decision-making. The leaders not allow something that threatens his position as leader. The hero is irreplaceable while the co-workers are *interchangeable pieces in a play*. Whether the leader is present is critical to the organization's ability to act. When the leader is absent, anxiety and insecurity among staff arise easily. This is an unrealistic view and Cervani *et al.* state that no human being can live up to all the expectations created by to see the leader as a hero [13] [15].

The leaders from a post-heroic perspective focus on the team-members and co-workers. The leader supports the co-workers to take responsibility and the leader allows the staff to use their professional skills. The leaders prefer cooperation, innovations and consensus discussion [14]. Based on Frilund [16] [17], we can say that the conditions for successful multi-professional team in the future is the needed for developed ethical mind of the leaders and organizations, not least in healthcare organizations [14].

Covrey [12] stated that leadership *was a method to communicate the value and potential*, *so loud and clear*; *those employers saw the value in him.* Employees, especially young adults [18], are critically to the method of leadership used in organizations today. The leader neither sees nor appreciates the employees as "unique talents", instead, the leader gives orders and dictating terms.

2. Aim

The aim of this paper is to find out the idea of leadership based on earlier research and analyse their relevancy for nursing-management.

Ethical Statements

The author has complied with the ethical guidelines of good scientific practice.

3. Method

The study is a qualitative descriptive study literature review, and discussions between sex students from a leadership master degree program in Finland.

Participants and Material

The author invited a group of students participated in a master degree program in leadership in Finland. Each student accepted the invitation. The students were given free hands to choose literature in line with the aim of the study. Each student wroth a narrative based on the articles she had red. Next step the students discussed their narratives together in groups and the discussion was followed virtually by the students. The time for discussion was two weeks at autumn 2014. After two weeks the author stopped the discussion, collected the material, and started to analyse it. As data-analyse method was a modified form of content analyse used.

The findings were presented as main categories with sub categories.

4. Findings and Interpretation

After the text edit has been completed, the finally the author made a conclusion about the ideas of leadership analysed the findings and their relevancy for nursing and nursing management. The findings are described by three basic ideas of leadership with underlying qualities.

4.1. The Idea of Leadership as Greatness

The first basic idea of leadership is named *the greatness of leadership* [4] [8] Greatness is a basic idea of leadership in Kostenbaum "leadership diamond", as a philosophy for leaders. The greatness of leadership occurs of four dimensions; vision, ethic, courage and reality. These dimensions represent the four corners of the diamond (see **Figure 1**). Greatness is placed in the middle of the diamond and the size of greatness is determined by the strength of the four corners. If one of the corners are weaker than the other, the diamond is distorted and the area of greatness decreases [4] [5] [8]. As the participants in the study state: *there are nothing to worry about as long as the other three corners are intact*, *but if other corners give way*, *it is feared that the greatness of the leadership weakened*, *with negative consequences on the quality of work*, *not least on clients and patients care* [7] [8]. The caregiver's ability to *do well* is dependent on the degree of greatness the caregiver developed [15] [19] [20].

Ethics, Visions, Courage and Realism Dimensions of Greatness

Ethics: The first corner in the diamond Kostenbaum 4 calls ethic. The participants (students) stated that *ethic refers to the integrity of the person* and continued to describe what this means. When ethical values are currently [4] [8] [16] [17] the leader takes care of his/her co-workers and guides them to ethical manners. Ethic refers also to leaders that act ethically and mercifully [16]. The ethical mind of the leaders are developing when *cooperation are valued*, when the leader strives to *find meaningfulness*, *prioritize communications and mature consideration* [8] [16].

Visions are the second corner in the diamond. Visions are including items like *sense and creativity*. One of the participants was written in her narratives that *the strength of vision is created when the leader uses her/his analytical skills*, *thinks "bigger" and sees opportunities*, *and uses her skills to inspires the staff* (*caregivers*) *in their daily work*. For to be a visionary leader presupposes ability to abstract thinking [4] [21].

Courage: A person with courage gets things done; they use their wisdom and have the ability to think in innovative tracks. A person with courage takes responsibility, feels free and has ability to manage anxiety, state the participants. Courage means also ability to argue for ideas of importance, although the risk for to be leaved alone. As the students state *strong courage needs strong leaders how accept co-workers*, *clients and patients freedom the make their own chosens* [14] [18].

Realism: The fourth corner of the diamond Kostenbaum called realism. Realism is based on reality and objectivity. A realistic leader use evident knowledge in the problem solving process. It is not enough to base the decisions on emotional feelings or to believe something. The reality is not necessary the same for all people [1] [6] [14].

4.2. Wisdom a Dimension of Greatness

The *wisdom* is a path of greatness. One student had refereed to Proust [22] and stats that we *are not provided with wisdom*, *we must discover it for ourselves*, *after a journey through the wilderness that no one else can take for us*, *and effort that no one can spare us*. Plews-Ogan and Owens [23] *think there is profound truth to the notion that it is only through our own experience that we gain wisdom*. The informants continue with Plews-Ogan and Owens [23] and state that also this authors believe that there are *certain kinds of experiences that are particularly suited to the development of wisdom*. Wisdom might be difficult to define. It is something different from intelligence. Intelligence seeks knowledge and seeks to eliminate ambiguity. Wisdom on the other hand, resists automatic thinking, seeks to understand ambiguity better, to grasp the deeper meaning of what is known and to understand the limits of knowledge [21].

How do we become wise? What better teacher of compassion than one's own experience of suffering? Are two questions the participants discussed? Is it better to learn humility than to make a mistake? And what is better to discover the deeper meaning of one's life than to face a circumstance that forces you to focus on that which is of most value to your life? What make the difference? Proust stats that the difference accurse when people make a courageous choice.

Ardelt [24] has developed a three-dimensional model of wisdom: cognitive, reflective and affective. The *cognitive dimension* includes the desire to deeply know and understand things, including the limits of our knowing. The *reflective dimension* represents the capacity for self-reflection, and the capacity to see things from many perspectives.

The *affective dimension* of wisdom is empathy and compassion. So, a wise person is one who desires to deeply understand things, who is humble and aware of the limitations of knowing, who can see things from many perspectives and avoids black and white thinking, and who radiates compassion, the informants state [4] [24].

4.3. The Idea of Interaction and Relationship

The second idea of leadership is named interaction and relationship. Crevani *et al*. [14] are focusing at leadership as a phenomena rather than the leader as a person. By moving focus from the person to the task, you deepen the understanding about leadership as processes and interactions. Leadership will thereby be numbers of interactions between the members in the team. The leader will be an active part of the team and her/his main task will be to inspire and creates visions and thereby create meaning into the work [7] [25].

One informant wrote: *Different generations have different expectations of work*, *expectations of what kind of*

leadership they wanted to cooperate with. Young adults prefer collaboration within the team rather than the traditional leadership characterized by "obedience without question".

The informants found that by involving employees in leadership tasks, was a way to increase the overall leadership skills of the team [10] [13] [26].

Different generations have different expectations of leadership and how a good leader has to be. Because engagement is more desirable than obedience the standpoint for leadership is to understand what things activated and engagement the different generations of employers. The participants stated *that research of leadership has to take focus on leadership as processes and practice, which is created by the interaction* [13] [14]. Interaction and processes can defined as three processes: ontology of the processes, the epistemology and axiology [9] [23] [25].

The process ontology of the leadership is constructions of social interaction "ontology". Students was of the opinion that this kind of processes are difficult to assess and control, thereby difficult to use as object of the survey. Research should be a liberating process through which the performances are reviewed and challenged. This point of view is protest against the survey which includes and excluded variables, in order to forget the trivial and highlight the grandiose [12] [14]. In the research, today, *we can see the emphasis on the leader and not the leadership*, the informants stat. The informants are continuing with to say that research of leadership has to focus at processes and interaction.

4.4. The Idea of Shared Leadership

From a postheroisk perspective the leadership idea of shared leadership will take place in the debate. Shared leadership involves all the team members to be an active part of the different processes that leadership occurs of. The leadership is a common process where the staff contributes different roles and skills [27]. "*Every participants is responsible for her/his own tasks and together there will be an interconnected process that creates the best conditions for health care*", the informants state. *Shared leadership focus on employers, the employers takes responsibility, and they will be informed, the leaders encourage innovation and participation.*

Competence and co-working are of importance for leadership. The students found in the article of Cervani *et al* that a post-heroic perspective of leadership makes invisible leader of the organization because we still describes the leader in masculine terms, and as the classic hero [13] [14].

The participants stress [15] *the importance of common values.* The need for a common set of values emphasized in order to develop a trusting relationship built on prestige, clarity, openness, trust and mutual respect. Shared leadership can provide middle managers with greater ability to use working hours and better working environment where tasks are distributed [27]. The practical benefits of shared governance can be anything from benefits at the individual level (e.g. better lives and better conditions for their own professional development) to the societal benefits (e.g. increased democracy). Most of the benefits described, however, on a relational level, *i.e*. the impact of shared governance in collaboration between people in organizations. Involvement of more people in the leadership task is a way to increase the overall management skills, improving the ability to maintain contact with all organizational elements, reduced vulnerability and increased representation [13] [14] [15].

Fagerström *et al*. [2] fined that in times of change, it is important for health professional leaders to through good communication clarifies the vision of change. By creating such an atmosphere in the department to be able to reflect and discuss freely the leader can reduce anxiety and resistance to change. It noted that it is the leader's responsibility to create a culture of care that focuses on patient care needs and possibilities of obtaining a high-quality care.

Finally, the shared leadership does not mean that the manager's role is reduced; it is more about catching sight of the processes that are important for how the organization is run forward. It is also about adapting expectations of the manager and the manager's job to make them more realistic [3] [9] [15].

One informant expresses herself as follows: *in my daily job comes up that we in healthcare already have a form of shared leadership which in my opinion developing teamwork and alignment.* So to share the leadership will be something good because it involves "covering up" for one another, that you cover up for each other's weaknesses or absence.

5. Discussion

The study has given us some basic ideas of leadership with relevance for nursing management. A great organi-

zation needs great co-workers, Kostenbaum stats [4]. Transformed to nursing care, good qualities of the nursing are dependent on how well the greatness within the "nurses" have been develop [28]. Teamwork is common used in nursing-care and teams are often multiprofessionel, and the team accurse of caregivers how's greatness have different strength. In account to Kostenbaum leadership-diamond someone in the team have strenghed their ethically competes, other their visions and so on, but together the team is able to provide greatness into the patients care [29]-[31].

The model of shared leadership contributes to the improvement of health professionals' work environment by professional responsibilities enables influence on routines, communication and decision processes, contributing to the development of nursing. The model also promotes good relationships between staff and leaders and provides a great environment for personal growth. Shared leadership is described as a suitable model for complex health and social care organizations with high demands on leadership. The model contributes to the development of healthy workplaces where group interactions and developments are in focus. The model promotes transparency and accountability for the development of a safe work but need a well-planned implementation process to succeed [13] [14].

Previous research has shown that the leader has the central role to creating values as the basis of the work, motivate employees and to establish and demonstrate the goals, focused on staffs abilities and actions. Kostenbaum states, "*The most important task for leader is to replace the ethics of the work*" [4] [27].

Leaders how follow the old model, "picture of a hero"-model [13] [14], described above haven't possibilities to obtain the caregivers professional development, to see there individually needs and possibilities. The staff's ability to obtain guidance and support affect their professional development. Leaders with wisdom and leaders how support the idea of shared leadership have opportunities to develop wisdom and greatness into the co-workers. Researchers have noted that shared leadership as a collective activity stimulate the caregivers and support the nurses' experience of meaningfulness.

Young adults' have different needs and expectations on there work [10]. They want to be an active part in problem-solving, they want to form their own work, they want to be seen and be confirmed. Leader's ideas for his leadership can become a critical issue for staff recruitment. Today we can notice the difficulty in recruiting nurses especially to Long-Time-Care [8] [29].

In the literature we can see different types of leadership: Instructing, coaching, supporting and delegating [1] [6] [9]. The employers may need different types of leadership, depending on the employers previously experience and confidence in their abilities, or courage. Regardless of the number of years of expertise, we are all in addition to different levels in terms of knowledge and motivation linked to certain tasks and are therefore in need of different kinds of leadership [6] [26] [28].

The prospects for leading others is to master the balance between getting together to build trust, understanding, provide directives and control until confidence is. The English name pacing and leading better describes what it's about [23] [27]. To lead without "meeting", makes that the employers never give desired results. The purpose of the pacing is to create trust, confidence and understanding of where the other person is located [22] [24]. Being seen and being confirmed are fundamental to pace an individual and create opportunities to lead.

6. Conclusion

After studying leadership's idea, it is possible to say that the role of the leader in the change process is to present clear objectives, with positive impact at the qualities of the patients' care. The leader must dare to take the initiative but also dare to fail and be able to evaluate how things evolve. The goal of the change must be realistic. The leader must have the courage to leave what is familiar and try new ways of working; a leader can never achieve change on their own. It is through cooperation with their colleagues as the positive change occurs.

Acknowledgements

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