Going beyond “two-getherness”: Nurse managers’ experiences of working together in a leadership model where more than two share the same chair

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Objective: To explore nurse manager experiences of working in leadership constellations where more than two managers share leadership, and to compare this multilaterally shared form to what is known about experiences of working in joint leadership in pairs.

Design and setting: A qualitative design based on semi-structured interviews with nurse managers in two multilaterally shared leadership constellations at two intensive care units at an emergency hospital in Sweden. Data were analysed using a thematic and comparative approach.

Findings: The comparative analysis identified four aspects that differ decisively from the positive picture in the literature on joint pair leadership: the perception of mandate with reduced decision-making power and reduced access to forums, the way of working with a strict division of tasks and a rotating schedule, a need to cope with the increasing number of internal relations and a feeling of doubt concerning trust.

Conclusion: Shared leadership between nurse managers has gone from being a tight collaboration based on a feeling of “two-getherness”, to being an organisational solution multilateral in character. In this transformation, a weakening of leadership qualities has occurred. Further research is necessary on how this new organisational solution impacts the nurse managers, their staff and the care provided in healthcare organisations generally.

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Implications for clinical practice

1. New leadership solutions are called for to make the workload of nurse managers in critical and intensive care units more manageable.
2. Multilaterally shared leadership between nurse managers, based on a strict division of tasks and a rotating schedule, may solve some problems (e.g., excessive workload) and also provide broader competence and access to more knowledge.
3. Greater awareness is needed concerning the risk of reduced decision-making power, and also the need to cope with the increasing number of internal relations.

1 Introduction

Over the past decade, shared leadership between managers has attracted increasing attention in organisation and management research (Denis et al., 2012; Dust and Ziegert, 2015). It is a leadership model used also in different types of health care settings (Choi et al., 2012; Hodgson et al., 1965; Klinga et al., 2016; Steinert et al., 2006), including nurse managers in intensive care units (ICUs) (Rosengren and Bondas, 2010; Rosengren et al., 2010). Organisational changes and improvements in technology have brought about challenging demands on nurse managers. One of these demands concerns staffing levels. In hospital units with highly specialised and advanced healthcare for the most severely ill, such as critical and intensive care units, the number of staff needed to provide high-quality care for patients on a 24-hour basis...
has increased to levels that are difficult for one manager to handle. This has led to new ways of organising the nurse manager position, where two or even more managers share the leadership of a unit and its staff.

More than a decade has now passed since a leadership model with shared pair leadership between ICU nurse managers was introduced and also studied (Rosengren, 2008; Rosengren and Bondas, 2010). Based on data from three years Rosengren and Bondas described the two managers’ experiences of working together “as equal partners within a shared leadership model” (p. 288) as an act of “two-getherness” with shared responsibility and shared tasks. In this paper, we shed light on the same type of solution with the difference that the number of sharing managers has grown. This is studied in the context of ICUs through interviews with two constellations of four or five sharing managers. To our knowledge, no previous study, in ICUs or elsewhere, has explored how working in such multilaterally shared leadership constellations is experienced by the sharing managers. This paper addresses this knowledge gap.

2 Previous studies and theoretical concepts

Collective leadership is an umbrella term for shared responsibility in an organisation and is thought of as consisting of two distinct but connected subsets: distributed leadership with responsibility and power being spread to those not in management positions (e.g., Jones, 2014) and shared leadership between managers (e.g., Eckman and Kelber, 2009; Heenan and Bennis, 1999; Jarvinen et al., 2015), with the latter being relevant to this paper. A literature review on forms of leadership in the plural (Denis et al., 2012) points to a diversity of labels used to identify different forms and states that there is “a good deal of inconsistency” (p. 213). This inconsistency results in a practical problem for researchers within this field as “the lack of conceptual accord makes the identification of relevant research harder” (Döös, 2015; p. 54). The phenomenon focussed belongs to Denis, Langley and Sergi’s (2012) second stream of research on plural leadership: “pooling leadership capacities at the top to direct others” (p. 213). Cases where managers share leadership of a unit and its staff can either be inter-professional (Klinga et al., 2016; Steiner et al., 2006) or intra-professional, e.g., between nurse managers (Rosengren and Bondas, 2010).

Empirical studies show that managerial positions can be successfully shared in pairs (e.g., Eckman, 2007; O’Toole et al., 2002; Rosengren and Bondas, 2010). It has been reported to bring about a comprehensible and manageable whole and a feeling of joint responsibility for this whole (Court, 2004; Döös, 2015; Eckman and Kelber, 2009; Grubb and Flessa, 2006; Rosengren and Bondas, 2010), and supportive for competence in organisational change (Choi et al., 2012; Rosengren and Bondas, 2010). Shared leadership between managers who lead an organisational unit together can either be formally equal or subordinate and is conceptualised based on previous research (de Voogt and Hommes, 2007; Döös, 2015; Heenan and Bennis, 1999), see Fig. 1. The joint leadership form (Döös, 2015; Wilhelmson, 2006) is understood as a complete and close collaboration, where formal hierarchical equality is in place and work tasks are merged. Rosengren and Bondas’ (2010) study of sharing between two ICU managers is described as such a close collaboration between formally equal managers with merged work tasks. Also, functionally-shared leadership entails hierarchical equality but managers have different and separate professional areas and daily tasks; this form of sharing has mostly been reported in studies of pairs (Jarvinen et al., 2015; Wilhelmson et al., 2006). Vertically-invited leadership points to a form where there is one official manager and a lower-ranking partner shares in decision-making “with the permission of the first” (de Voogt and Hommes, 2007; p. 2). The current study focusses sharing with formal equality.

Successful sharing managers draw attention to three qualities that together form the bedrock of sharing: mutual trust, a lack of pretension and values held in common (Döös, 2015). Such leadership includes processes where the managers shift between working alone on a specific task and getting together to talk about the same task and then perhaps shift tasks between the two. Task division is not necessarily the basis of shared leadership between managers; instead, it is common to stress the tasks as being joint, and informally taking turns to perform different types of task at different times. Such ways of working contribute to a situation where a need for compromise rarely occurs; rather, through daily experiential learning (Kolb, 1984), ongoing reflection and mutual understanding is developed. The learning theory-based logic of this is that both managers in the jointly sharing couple get first-hand experience of all managerial work tasks.

3 Objective

The objective of this study is to explore nurse manager experiences of working in leadership constellations where more than two managers share leadership, and to compare this multilateral sharing form to what is already known about experiences of working in joint leadership in pairs.

4 Methods

The study had a qualitative explorative and comparative design and was based on semi-structured individual interviews with seven nurse managers in two ICUs. Qualitative approaches are in particular motivated in areas where there is limited knowledge about the studied phenomenon (Malterud, 2009). The study was performed at two units of a large emergency hospital in Sweden with the full scale of specialised and highly specialised medical care.

4.1 Setting

The management systems of the studied units had, due to a growing number of employees, been reorganised to provide a solution where the nurse manager position was held by a sharing constellation of managers. In addition, a care manager position was introduced above each multilaterally sharing constellation (i.e. three or more sharing managers). In the hospital’s managerial hierarchy, a nurse manager is normally directly subordinate to the clinical department manager and responsible for staff, operations and economy. Through the introduction of the care manager...
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