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A collage for reflection: The changing faces of nursing leadership

Abstract

Different leadership faces need to evolve in order to progress from an individualistically focused towards a socially responsive leadership style. Nurse leaders need to reflect on the application of their leadership approaches in their different sectors. These sectors are vastly diverse in character, governance and magnitude; are faced with competing needs and expectations from a multitude of stakeholders and followers; and they also vary in the scope of tasks. The expectations in the SA healthcare environment highlight demands for nurses to exemplify a clear vision. The most recent vision for nursing had been quantified at the Nursing Summit during April 2011: "Reconstruction and revitalising the nursing profession". This vision embraces the quest of changing the current "face" of nursing leadership.

Leadership deals with finding the balance between power, authority and influence during a particular set of circumstances. The face of individualistic, inaugurated leadership refers to distinctly established leadership that focuses on self-reflection, reflection leadership, reflective practice and hostmanship. Reflective leadership is a way of approaching leadership tasks and leading one's own life with foresight and personal mastery**.** Self-leadership refers to the ways in which people *influence* themselves to continuously improve their knowledge, skills, acumen, self-motivation and self-direction. These qualities are needed to behave in desirable ways. When service and thoughtfulness are abundantly applied, hostmanship gets amplified by the leader's desire to achieve, to be proactive, and to seize the opportunity to *influence other people.* Servant leadership becomes the mirror that magnifies the *face* of collective leadership while the face of individual inaugurated leadership fades into distant memory.

Assemblage leadership refers to the face of shared, collective and relational leadership. There is a growing recognition of the need for individual leaders to embrace the unleashing of *collective* leadership capacity and to understand diversity. It is vitally important for establishing a shared purpose and vision, as well as for creating relational capacity to effectively coordinate actions. The leadership face of systems reflection; by means of super, ethical and quantum leadership; allows the leader to be certain about the importance of integrated systems in order to support what the leader is planning to accomplish and to understand the interdependencies of such systems. Lastly, nursing should focus on socially responsive leadership by giving deliberate direction with the intent of benefiting everyone in society.

A collage for reflection: The changing faces of nursing leadership

Introduction

The healthcare environment in South Africa, as abroad, is continuously changing, and is placing greater demands on all healthcare service sectors such as nursing. These are many challenges in a changing environment, requiring new faces and development in nursing leadership. For purposes of this paper, a face refers to "a structure with certain strong features, a public image and appearances that should have a certain expression in order to leave a lasting impression".

Every year, changes in the healthcare environment accelerate, opportunities become harder to predict, competitors emerge at an ever-increasing pace and partnering with internal and external customers, becomes essential for success. The pace of change will continue to increase, and the level of complexity and interdependence will continue to grow (Boss & Sims, 2008; Politis, 2006). However, in every situation, as soon as something works, the things we focus on

become our reality and the actions we perform create our reality (Hall & Hammond, S.a.:2; Reed, 2007:27).

Nurse leaders need to reflect on the application of their leadership approaches in their different sectors. These sectors are vastly diverse in character, governance and magnitude; are faced with competing needs and expectations from a multitude of diverse stakeholders and followers; and they also vary in the scope of tasks. By reminding ourselves about the importance of these peak experiences, we ought to have a clearer idea about what we desire to improve in future.

What should the eminent (best) face of a nurse leader in the future healthcare environment of South Africa look like?

The focus of this paper is to reflect on:

- The concept of leadership;
- Recent legal frameworks and the DOH calling for a clear vision;
- Past and current visible leadership in nursing in South Africa; and
- Individualistically inaugurated, assemblage and system leadership.

The central statement of this paper is:

"Different leadership faces need to emanate in order to progress from an individualistic focus towards a socially responsive leadership style".

The concept of leadership

The word "lead" originates from the Indo-European root "leith" which means to "go forth", to "cross the threshold", or even to "die" (http://www.slideshare.net/leadershipera/webinar-collective-leadership-alain-

gauthier). Leadership produces three outcomes (DAC) as of means realising longer term goals:

- *Direction*, understanding and assenting to the value of the collective's goals;
- *Alignment*, organising and coordinating knowledge and work; and
- *Commitment*, produces members subsuming their own efforts and benefits within the collective effort and benefit (http://www.slideshare.net/leadershipera/webinar-collective-leadership-alain-gauthier).

In an internationally published article, entitled; "Leadership: A new perspective" (2004), I discovered that the main underlying critical tools of leadership were power, influence and authority.

Recent legal frameworks and the DOH calling for a clear vision

One of the major goals of Government in the Medium Term Strategic Framework (MTSF) for 2009-1014 is to improve the health profile of all South Africans. This goal was set against the background of the approximation of the life expectancy of South Africans to be 53.5 years for males and 57.2 years for females (STATSSA, 2009). The health sector has adopted a 10 Point Plan for 2009-2014, of which the first priority is formulated as: "Provision of Strategic Leadership and creation of a Social Compact for better health outcomes" (DOH, 2010).

In January 2010, the SA Government adopted a new outcomes-based approach to accelerate the achievement of the objectives outlined in the MTSF 2009-2014, which aim at the health sector to devote its efforts to four key areas:

- focusing on the increase of life expectancy;
- combating HIV and AIDS,

- decreasing the burden of TB related diseases; and
- improving Health Systems effectiveness (DOH, 2010:3).

The White Paper for the Transformation of the Health System released in 1997 emphasised the focus on Primary Health Care services. The Minister of Health, Dr PA Motsoaledi had recently urged healthcare professionals to return to this vision (DOH, 2010:4).

According to the annual report of the Department of Health (2007), leaders; who can clearly articulate and execute South Africa's health vision and planned outcomes; are needed.

These expectations in the SA healthcare environment highlight calls for nurses to have a clear vision. The most recent vision for nursing had been quantified at the Nursing Summit during April 2011: “Reconstruction and revitalising the nursing profession”.

Such a vision requires a quest to change the current “face” of leadership in nursing.

Past and current visible leadership in nursing in South Africa

To meet the current healthcare demands requires an ample supply of dynamic nurse leaders who practise an acceptable face/form of leadership. As far back as 1995, Muller (1995:22-7) stated that; although the nursing profession had produced significant leaders in the past; the nursing profession in South Africa was experiencing a leadership crisis. It would seem as if there were an insufficient number of new leaders to replace those who retired from the profession – which meant that leadership development was inadequately maintained in the profession. A decade or more ago; prominent nurse leaders were professors at universities,

and researchers like the late Prof HIL Brink and Prof Annetjie Botes. A Professor in Nursing became the first Registrar at a University in Africa (Prof Marie Muller).

During the past few years, while educating students in nursing management, I had been informed that professional nurses sometimes did not want to apply for unit manager vacancies, due to the accountability associated with the legal and professional responsibilities of the position. Mahoney (2001) stated that developing future nurse leaders was one of the greatest challenges faced by the nursing profession.

How did the faces of nursing leadership change over the last decade? Some research projects had been undertaken with regard to leadership in the nursing profession, some provisional models had been developed, and more recently, quite a few leadership institutions and academies were initiated. The nurse leadership forum and Fundisa/NEA are held yearly. This year, the theme for the Fundisa/NEA conference in August 2011 is "Change". Some initiatives had been launched to influence nursing education policies in the political arena. The MTSF (DOH, 2010) requested, that the socially responsible and responsive actions needed should relate to:

- ensuring unified action across the health sector in pursuit of common goals; and
- mobilising leadership structures in society and communities.

To what extent are nurse leaders and nursing leadership programmes addressing their "own agenda" priorities rather than the needs beyond; for example the priorities of – all the stakeholders in the nursing care environment? I am not ignoring the valuable contribution of any prominent figures in the nursing profession. However, a nurse leader who made a tremendous difference was Prof

Leana Uys, a person with a passion for Nursing and developing nursing throughout the African continent.

Two further questions posed, are:

- How reliable, valid and tested are our models of nursing leadership?
- How do nurses practise leadership in this complex changing environment?

To answer these questions, one should pay critical attention to the practical values and theories which inform everyday actions - by examining their practice reflectively.

> *Retrospectively, I realised that my career had started with a strong individualistic focus, when selected and appointed by prof Charlotte Searle (my first official Dean), as a lecturer in Nursing Management at the University of Namibia in 1985.Apart from being very imaginative, I experienced feelings of "being the key" with the primary responsibility of unlocking a new world of pivotal knowledge to students.*

Different faces: Individualistically inaugurated, assemblage and system leadership

In the overview of the different faces of leadership, a continuum of reflection follows:

- What importance do the power, influence and authority tools in shaping these leadership faces?
- Sharing some of my best experiences of my professional life while tutoring Nursing Management.
- Which different actions can be taken by nurse leaders and which wishes could come true in nursing leadership?

Individualistically, inaugurated leadership

Leadership is about finding the balance between power, authority and influence in a specific situation (Jooste, 2010). “Individualistic” refers to being unusual but professionally accepted, unique, distinctive and single. Inaugurated refers to the concepts of established, created, set and brought into being. Individualistically inaugurated leadership, in my opinion, refers to a unique leader who respects the norms of the establishment.

- **Self-reflection, reflection leadership and reflective practice**

Self-reflection allows the leader to understand better who he or she is as a person was well as a leader. It serves as a way of constructing a sense of the self and refers to mental activities associated with learning and developing meaningful interpretations of learning experiences. Self-reflection allows us to recognise our core values; not just by naming what we value, but why those things are most important to us. It has been shown to be significantly related to academic performance (Williams, 2006:1-2).

Reflection leadership encourages leaders to take a step back, to start reflecting and looking at *why* they do what they do every day. To be truly effective at leading others, we need to be effective at ”leading” ourselves. Reflective leadership is a way of approaching leadership work and influencing one's own life with foresight and personal mastery. In true mastery, there is a sense of spirit and joyousness and skill without struggle. It is actually a continuous process that we need to incorporate as part of our everyday lives. When we take time to stop and reflect, we gain a better understanding of what is going on around us and how we can contribute to improvement (Glover, http://reflectionleadership.net/reflection-leadership/self-reflection/).

Reflection leadership is characterised by the (three) important skills of self-awareness, careful observation, and flexible response, as described in the following experience:

> *After completing my undergraduate nursing programme in Namibia during 1980 (as best student), I practised in theatre nursing. During that time I reflected on my practice, and it proofed to be the best way in which I acquired clarity that I was actually drawn into being an educator. That decision enabled me to gain immense power. By making a careful observation of the circumstances, I became aware of desire. Based on that reflection, I made a flexible response/decision.*

As a self-reflective person, one exerts a special kind of *authority* over one's own intellectual (mental) life. This kind of authority is fundamentally personal and is conceptually linked to rational freedom, knowing oneself, making up one's own mind, and self-knowledge. The nature of self-knowledge becomes a practical rather than a theoretical matter, and more precisely a deliberative matter; the domain of choice and decision (Bagnoli, 2006).

The field of nursing management and leadership has been characterised by nurse leaders being involved in a variety job assignments, commissions, and projects in the healthcare environment. Currently, nursing educational institutions are increasingly becoming aware of recognising the prior learning (RPL) of nurse managers and leaders in nursing practice. An educational action (wish) that is currently, on the increase in the educational arena of nursing management, is related to work-based programmes. Students are supported by means of written scientifically based portfolios to reflect on their practice in a partnership. *Reflective practice* can be an important tool in practice-based professional

learning during which individuals learn from their own professional experiences (http://en.wikipedia.org/wiki/Reflective_practice).

- **Self-leadership**

"One's toughest management challenge always remains oneself." – By Bill Hybels. Self-leadership begins with self-reflection which includes making a commitment to learn the truth about oneself and one's world, and to understand oneself better (Van Zyl, 2008). Subsequently, one understands the *power* of reflection and what impact it has on one's growth potential (Bommelje, 2009). Self-leadership involves the *influence* one exerts over oneself (self-influence) in order to continuously improve one's self-motivation and self-direction. Such improvement is needed to behave in desirable ways (Manz, 1992; Neck et al., 1999).

Self-leadership theory can be classified as a motivational theory which assumes that self-motivation is triggered by behavioural and cognitive strategies which, in turn, influence the initiation, direction, intensity, and persistence of desirable behaviour (Manz, 1992; Manz & Neck, 2004; Prussia et al., 1998). Desirable behaviour is linked to "vision reflection". It allows the leader to clarify what needs to be done and how the leader is going to achieve what he/she needs to accomplish. Houghton and Neck (2002) confirmed that behaviour-focused strategies were assumed to enhance self-awareness. These strategies generate positive, desirable behaviour that leads to successful outcomes, while at the same time restraining negative behaviour by focused strategies that include setting time frames, self-goal setting and self-reward.

Natural reward strategies focus on the enjoyable aspects of a given task and assist with discovering activities that provide pleasure (Houghton & Neck, 2002; Manz, 1986; Manz & Neck, 2004). The rewarding activities are supposed to develop

feelings of competence, self-control, and purpose (Manz, 1986). The constructive thought pattern strategies in self-leadership are based on the assumption that individuals are able to identify their dysfunctional or irrational beliefs (Manz & Neck, 2004). Individuals, such as nurse leaders, ought to create new thought patterns or change existing thoughts into more positive ones (Prussia, et al., 1998). Houghton and Neck (2002) referred to the techniques of visualising successful performance, self-talk, and evaluating beliefs and assumptions that changed irrational thought patterns. It requires comparing, but not judging, our thoughts, feelings and behaviours with feedback we get from the world around us with the view of not getting caught up in our own fantasies and biases, which means acknowledging our thoughts, feelings and behaviours (Bryant, 2011).

Self-leadership could be called “emotional self-control”. Nowadays, the latter becomes more important when leaders find themselves in situations that may seem to be attractive. Self-marketing on websites is such a phenomenon. However, well known magazines employ marketing initiatives world-wide, by luring professionals and academics with a yearly retainer in order to serve a particular agenda while parading them as “an authority” in their disciplines, institutions or universities.

Therefore, self-leadership is considered to be the act of taking personal responsibility for the choices and outcomes in ones’ life, is critical not only for enjoying the quality of life one desires but also for one’s ability to lead anyone else (Darke, nd).

> *The leader should acknowledge that self-leadership is a continuous awakening process which might take some time to master. While working at the University of Namibia in the late eighties, I went through a professional and personal awakening process of realising that relocation could enhance my future role in nursing management.*

At Unisa, I saw how enough integrity in a leader's life could build high levels of trust amongst followers. (I wish to acknowledge Prof Corrie Nel, present here tonight).

Nursing needs self-motivated individuals who are willing to assume more responsibility, to lead themselves and others, and to embrace change. Situational self-leadership is needed when nurse leaders focus on being responsible, by taking initiative during idea generation, innovation, and problem solving.

It is my wish, that nurse leaders will gain more satisfaction from their work - by challenging their notion of leadership. By knowing what motivates them, and what builds their confidence, knowledge, and skills, individuals at every level in an organisation cannot but take the leap to peak performance (Blanchard, 2011).

- **Hostmanship**

Hostmanship encompasses more than me (the leader) as a person. However, it begins with the leader as a person since it is a leadership ethic of personal responsibility. It is about taking responsibility for one's own actions in relation to one's guests and the environment that they find themselves in when they approach a professional person for a particular service. It is the leadership of the whole person realised by performing a certain function in their organisation, and for reaching a destination and while serving a nation (White, 2009). Hostmanship has raised the level of how we approach work to a new level of caring, involvement, pride, profit, and engagement. It is about the relationship that gets established between a service and the people who benefit from that service (Zinger, 2008). Hostmanship is an attitude about people and one's relationship with people in a service or business context. Hostmanship is, therefore, linked to "follower reflection" allowing the leader to gain a better understanding of those that are following and why they are following.

The external reality of the Unisa context lent itself to mentorship opportunities. Mentorship provided an opportunity to demonstrate an

attitude of openness and caring. I had a best practice experience while acting as a mentor for a colleague in nursing management. This colleague is currently a professor at the University of Venda, and is still a good friend of mine. My individual ability to self-leadership was demonstrated while serving as a role-model, long before mentoring became a buzz word in nursing.

But hostmanship begins with recognising who one really is. Do you really know your own limitations? Do you really see your limitations as a gift of direction for your life and the course of your business? One's limitations either means that one should not go where angels fear to treat or one needs another person to fill that gap. Hostmanship leaves behind our natural arrogance that puts ourselves above our guests, and puts us in a more humble relationship with people instead in order that mutual service and benefit may be achieved (Brenegar, 2011:25).

It encompasses one's own sense of purpose or call to take initiative and to make a difference. While a person is discovering and fulfilling his or her purpose, such discovery is not possible without the assistance from others people. http://edbrenegar.typepad.com/leading_ questions/hostmanship/).

While my professional development in nursing management was taking place, my relationship with myself also improved with a passionate exploration of my master and doctoral topics in preceptorship and empowerment in nursing management.

Hostmanship acknowledges the importance of service and thoughtfulness that come naturally while not underestimating the value of achievement, which means being proactive and using an opportunity to *influence*; in other words, to achieve personal goals. This leadership style relies less on personal achievement and acknowledges *the power balance more*; it honours mutual achievement since the

members of the service providing team feel more equal. (Brenegar, 2011; http://www.hostmanship.com/fil/About_hostmanship.pdf).

Hostmanship is a way of approaching people as guests. It expresses a wish to serve others people by means of a serving leadership and an insight that all activities strive towards serving other people. Hostmanship gets executed in three stages, while each stage is interconnected with the others. During the first stage, we welcome other people with whom we don't have a close and clear relationship and make them feel welcome. Then we welcome each other, with the focus on the people we live close to or work with. The third stage is being able to welcome oneself**,** one's thoughts, insights, self-esteem and one's self-confidence (Brenegar, 2011; http://www.hostmanship.com/fil/About_hostmanship.pdf).

During the hosting of post graduate students, we deliver a service by assisting them reach their goals. It takes place by means of dialogue, and by acknowledging the uniqueness of every student. Our responsibility is to put ourselves in the shoes of the student while assisting us and them to improve the world we all live in (nursing). To allow consideration to rule; is to acknowledge the human nature of those who need our expertise. Hostmanship requires a solid and current knowledge of our subject. . We should have the ability to apply our knowledge in harmony with someone else's needs (http://www.vaertskabet.dk/koppladefiler/About_Hostmanship.pdf).

It is my express wish that learner students develop a mind-set of hostmanship as early as possible in their nursing programme and that the concept of "leadership" ought to form a golden thread throughout nursing curricula.

Hostmanship is a leadership approach that mirrors what is called servant leadership.

- **Servant leadership**

The point of departure of hostmanship is the leader as a person, while servant leadership startes with the desire of the leader to serve. (Brenegar, 2011:24). Servant leadership is a practical philosophy that supports people who choose to firstly serve first, and then to lead as a way of expanding service to individuals and institutions. Servant leadership encourages collaboration, trust, foresight, listening, and the ethical use of power and empowerment (White, 2009). It is an approach of quietly influencing others. Ignite great potential in others by deliberately and strategically changing your mission's aim and its execution to be about them, not you. Relinquish the need for power to control one's work force and the battle for influence will never be fought. Leadership is the art of getting someone else to do something you want done because he or she desires to do so ("http://www.streetdirectory.com/travel_ guide/191662/leadership/servant_ leadership_approach_to_quietly_influence_others.html).

> *I served as the supervisor of master students that obtained the Faculty Awards during 2010 and 2011. One of these two topics addressed the concept of servant leadership in nurse management.*

Servant leadership is much more than just an attitude; it is a form of radical discipleship, a choice to be made in terms of how we live our lives. Ownership of an organisation's mission, vision and values by everyone in the organisation promotes responsibility and accountability (Anon, 2006).

Serving someone else is an often misunderstood art. Being misled, we have begun to believe that service equates to voluntarily acting as a doormat, to allow someone as a master while we willingly participate as slaves. However, to serve is to support someone else; to listen, to understand and to ask one: "What responsibility do I have to make you feel better right now?" Serving also aims at assisting someone to reach personal goals in order to become successful in life (Zinger, 2009).

While serving on the marketing committee of Unisa and being a member of staff of a WHOCC, I extensively travelled to other SADC countries to encourage collaboration and to influence potential students to enrol at Unisa. At the same time, relationships were forged with nursing colleagues in Ethiopia and Tanzania who were later inaugurated as members of the Tau lamda Chapter in Africa of Sigma Theta Tau.

Servant leadership also involves interdependent governance by teams of peers who reach shared decisions based on agreed-upon values. Geddert, James and Toews (2006) confirmed that servant leaders transformed independence into interdependence with the result that working within narrow silos of responsibility gave way to working in interdisciplinary environments. Viewed in this way, servant leadership is a culture-shaping philosophy that welcomes relationships, community, interdependence, caring, and risk-taking.

I wish that environments were created, unfettered of rigid formal structures, distributing *power, authority*, and accountability amongst an entire work force.

Servant leadership can be seen as a changing face, a move away from individual inaugurated leadership towards a face of assemblage leadership.

Assemblage leadership

The concept "assemblage" refers to a cluster, group, meeting, or gathering. In the context of leadership, it refers to shared, collective and relational leadership.

- **Shared, collective and relational leadership**

We all need a better understanding of leadership as a shared, collective, relational practice. Younger leaders are not attracted to hierarchical structures and are "trying to find new ways to organize and structure work, ranging from entrepreneurial models to s*hared* leadership and broader participatory structures" *(Meehan*, 2010). Shared leadership is a group process during which leadership is distributed among, and stems from team members (Pearce & Sims. 2002). Shared leadership is influenced by a variety of team characteristics (Bligh, Pearce & Kohles, 2006).

There is a growing recognition that individual leaders need to embrace unleashing *collective* leadership capacity and to understand the power of diversity. It is needed for developing a shared purpose and vision to create relational capacity for coordinated actions. Programmes should recognise individual uniqueness while also promoting collective processes and work that focus on shared responsibility for achievements (Burns, nd).

> *I experienced my migration to UJ as an opportunity to establish a relational leadership partnership between academics in nursing management positioned at two diverse higher educational institutions. One of the outcomes was an academic publication in healthcare services management.*

The Collective Leadership Institute was founded in 2005 as an independent non-profit organisation based in South Africa. Its mission is to build dialogic process competence for cross-sector sustainability engagement. "It means that everything anybody ever says always exists in response to things that have been said before and in anticipation of things that will be said in response. We never, in other words, speak in a vacuum. (Mikhail Bakhtin, 1895 -1975)". It supports stakeholders from the private sector, public sector and civil society in creating successful partnerships and result-orientated multi-stakeholder-dialogues for innovative solutions to global,

societal and local challenges (http://www.collectiveleadership. de/ english /about_cli.html, accessed 27 May 2011). Furthermore, this institute promotes sustainable acting, thinking, communicating and leading; following a systemic, dialogic and an integrated leadership approach.

Already, leadership is shown in development of capacity building programmes of leaders in Africa (e.g. through ALDA). It offers a chance to regional nursing participants to join the programme and to learn from and to teach their colleagues from the region.

<u>It is my wish</u> that nurse leaders should:

- *seek cross-sector co-operation in leadership initiative as well as between other countries and South Africa;*
- *create dynamic result-orientated policy development;*
- *create change agents for sustainability in the healthcare environment; and*
- *grow capacity for entrepreneurial partnership.*

"Leadership is always dependent on context, but the context is established by the relationships we value." – Wheatley

Relational leadership focuses on the inclusion of people and diverse points of view. "Being inclusive is difficult because you must step out of your comfort zone in order to expand your situation or vision."

I experienced positive engagement taking part in the development of global leadership curricula while serving on the global leadership taskforce of STTI during 2009. My contribution in the international publication of 101 leadership lessons was another way of sharing ideas and beliefs with mentors and mentees alike.

It was important to have an individual commitment to a goal or activity. These types of experiences related to the affirmation of my individual abilities to collaborate and to find common ground with identified leaders in nursing world-wide, in order to establish a common vision and curricula for the community of global leaders. “It is no longer what we do, but how we do it, who gets effected by our actions; and letting both mind and heart guide the way… every leader is a follower of a higher purpose.”

> *I had the privilege of having a learning experience as the Chairperson of the Academic Ethics Committee of the Faculty of Health Sciences for nearly five years, an example of the ethical nature in relational leadership.*

To be driven by values and standards in leadership; which is wholesome or ethical in nature; is the basis of professional practice and excellence in nursing management. Social rules should govern our scope of practice and conduct, and we should show self-respect in following the ultimate rules concerning right and wrong.

Relational leadership is process-orientated and one should have expectations that something useful occurs if one connects with people, units or tasks; even when one cannot determine the precise outcomes (McMahon, nd). However, relational leadership, as opposed to command and control, has the power to move people and organisations to a larger goal (http://www.linkedin.com/ answers/ management/ organizational-development/ MGM_ ODV/ 586441-20300578).

It involves the relationships and trust we build - between ourselves and those around us. It is about being accountable and responsible, and at the same time, vulnerable and real. It is about being a visionary as well as paying attention to the finer detail that really matters (Switzer, nd).

During the process of leadership development, a leader should be provided with specific objectives to focus on, as well as giving them feedback about their performance.

> *By reflecting on my own role as a two year appointee abstract reviewer for international conferences of STTI, I realised the importance of giving constructive feedback that fostered trust and built self-confidence.*

It is my wish, that in our relationship with fellow leaders, we would be more adaptable in dealing with the differences between ourselves and other people. It is essential for the nursing profession to progress towards the vision "health for all"; that nurse leaders constantly articulate and communicate what they want the direction of the nursing profession to be. It requires relationships with relevant stakeholders. These stakeholders should have a vested interest in the nursing profession. As leaders, we ought to have a clear idea of our responsibilities and the ways in which we are accountable to our stakeholders, as well as our stakeholders' responsibilities towards us.

> *A powerful realisation is that trust is the cohesive force within any system's culture that enables it to achieve its vision faster.*

System leadership

"Systems reflection" through quantum, super and ethical leadership, allows a nurse leader to be sure that systems are in place to support what one is trying to accomplish and to understand the interdependencies of these systems – moving towards a positive future.

- **Quantum leadership**

Quantum leadership occurs when one projects one's mind-set and behaviours into the future perfect paradigm and it could be viewed as literally "pushing" the nursing profession into that future state. In fact, our expectations of reality influence the way reality presents itself to us. It is by realigning our desires and choices that our quantum leadership becomes a purposeful cause of positive change (Anon, 2011).

- **Super-leadership**

Super-leadership is leadership that inspires organisational success, distinguished by flat organisational structures and employee empowerment. A super-leader models self-leadership and leads other people to lead themselves by sharing power, and designing and implementing systems that allow and teach employees to be self-leaders and scholars.

> *While being editorially responsible for an issue of the Journal of Nursing Management, I assisted peers with acting as self-leaders by providing them with constructive feedback that challenged their intellectual abilities to exercise self-leadership during the improvement of their submissions*.

Super-leaders encourage, reward and establish values and ethics.

- **Ethical leadership**

Ethical leadership begins with the way leaders perceive and conceptualise the world around them in order to guide the human potential to achieve aspirations in

ways that liberate rather than constrain human imagination and judgement. The ethical leader has the power to take decisions and to act, but also recognises that everybody involved and affected ought to have the authority to contribute whatever they offer toward shared purposes (Johnson, 2003). One does not need position to exercise good ethical leadership, but one does need a certain type of authority. Positional and expert power is the most powerful combination because not only do you have legitimate authority but the knowledge to back it up (Linkedin, http://www.linkedin.com/answers/management/organizational-development/MGM_ODV/ 665328-30646062).

Ethical leaders are committed to doing what is best for the people, they have a strong moral authority which allows them to steer clear of self-serving behaviour. Ethical leadership focuses on organisational success rather than on personal ego (Freeman & Stuart, 2006).

Ethical leaders understand the rich diversity that makes Africa so unique and are willing to co-operate and collaborate in order to create a future which is in the best interest of the continent. It is about doing one's best every day, to institute policies and systems which uplift the downtrodden and to promote equality, diversity and basic human rights (Goleman, 2009).

It is my wish, that nurse leaders should act as super-leaders, by having a "creative-adaptive" mind- set and by thinking and behaving within their ethical framework as if the future perfect state has already been achieved (Innovations, nd).

Ethical leadership, organisational ethics, and social responsibility are inseparable concepts.

Socially responsive leadership

“Social responsibility” refers to the obligation to act in such a way that benefits society as a whole (http://en.wikipedia.org/wiki/ Social_responsibility). “Responsive” refers to a correct response, to react in the way that is needed, suitable, or appropriate for a particular situation, showing interest or emotion in reaction to someone or something (MacMillian dictionary http://www.macmillandictionary.com/ dictionary/british/responsive). A socially responsive leader has the obligation to take actions and to give deliberate direction, with the intention to benefit everyone in the society or community.

Given the multifaceted nature and faces of leadership, it is becoming vital that transformational, versatile and adaptive leadership skills are necessary while responding to the needs of the community. These are sophisticated approaches to leadership based on the situation, the context, and the nature of the leader's interactions with multiple constituencies (Zaccaro, 2001).

- **Transformational leadership**

Transformational leaders have the ability of moving into the future with a broad perspective in mind to ensure some long-term changes. As emotionally intelligent leaders, they are skilful in their interpersonal relationships and use a variety of communication strategies to build relationships with people and with entire communities
(http://www.ncrel.org/sdrs/areas/issues/educatrs/leadrshp/le700.htm).

- **Versatile leadership**

Versatile leaders show a new face by having more than one approach to leadership while understanding when a particular style of behaviours is most appropriate. A situation may require them to modify their style or even stretch

their typical or preferred way of working, to meet the needs of people and the requirements of a situation. Leaders need to be (1) mature in their personal and social development (adult stage theory), and (2) versatile in their ability to discern and respond appropriately to many different situations (Zaccaro, 2001).

> *By being invited to act as a visiting professor at another university, one needs to be a socially adept leader. One needs to be able to move within a variety of diverse social situations that require high levels of social and cultural knowledge as well as interpersonal communication skills.*

Versatile leaders have the ability, knowledge and skills to move from one thing to another with ease and readily apply their talents and skills to each new challenge with a fresh approach (Noonan, 2003). Firstly, these leaders have "c*lue sense"*, the ability to understand signals, and to determine behaviour that is appropriate in a particular setting. Then they are able to use their cl*ue sense* to detect signals from individuals or organisations in the external environment to build a base of support. *Negotiating sense* is subsequently followed in order to achieve a viable solution by understanding the diverse positions and goals while gaining support for a position statement (Cribbin as cited in Hanson, 2002:162).

Leadership consists of opposing strengths, and leaders should guard against a natural tendency to overdevelop one at the expense of its counterpart (Kaplan & Kaiser, 2003). The versatile leader looks at how he/she leads and finds a balance between forceful leadership (takes charge, decides) and enabling leadership (empowers, listens, supports). This leader also looks finds a balance between positioning the organisation to be competitive in the future, while driving the organisation to yield results in the near future.

The lack of balance in leadership could be linked to the idea of overdoing. When presented with two opposing approaches, people in general have a tendency to polarise, placing a high value on the approach in which they have greater faith

and competence while overlooking or demeaning the value of the other. Despite their obvious intelligence, nurse leaders are no different. They may be too task-orientated and not sufficiently people-orientated, too tough and not responsive enough to people's needs, too big-picture-orientated with not enough emphasis on planning and following through.

- **Adaptive leadership**

Successful adaptive changes build on the past rather than discarding it. It is the practice of mobilising people to tackle tough challenges and to thrive – or change that enables the capacity to thrive (Heifetz, Grashow & Linsky, 2009).

It is my wish that nurse leaders acquire a new face in the healthcare environment of South Africa.

Conclusion

By means of "environment reflection" nurse leaders should understand how to be a socially responsive leader. The assumption that nursing leadership in SA is responsive to the needs of the community is untrustworthy. The socially responsive nurse leader should:

- move beyond self-reflection, follower reflection, vision reflection and system reflection towards socio-environmental reflection.
- be active in the political arena of health reform towards a PHC front-line approach to revamp the roles and responsibilities of nurse**s.** Nurses need to be prepared to deal with the complex, comprehensive patient at home and in the community. The vision could be a community network with 30 000 people, as it is currently the case in some countries in the UK.
- continuously re-look their vision of nurse education in South Africa, entry-levels, advance practice nurses, expanded roles, new programs, training of primary care providers, home-based care and school nursing.

- remember their nurse advocacy role that can influence decisions. There are many ways to influence decision makers. If it takes the keenness/passion of politics to influence nursing strategy, so be it.
- focus on funding that makes a difference to the citizens of the country, and not because they are mainly contributing to the nursing profession.
- continue to include all nursing organisations in starting to speak with one voice to policymakers about broad issues effecting nursing, re-enforcing unity among nursing bodies.
- start to use their personal and positional power to find solutions in the workplace, and to address workforce issues, as well as the demand for and retention of more nurses.
- develop nurses who engage in decision making, have critical thinking and are moving away from being task orientated.
- investigate the implications of experienced nurses who return to the workforce, and use merging ideas and concepts in new ways.
- use authority, creativity and innovative solutions to relook at their staff allocation and job descriptions, and become more efficient with budgets in the current economic environment, without reducing the staff complement.
- focus on the pressing issues and rise above the distractions. They should act as role models in maintaining ethical principles, such as informed consent in conducting research, and remain more vigilant in protecting individual privacy, not succumb to the temptation to share confidential information with other people.
- evaluate important clinical positions that could be filled by master's-prepared nurses, and remember that quality and safety improvements are mainly led by nurses.
- influence the strengthening of partnerships between academia and practice, in order to support the continued education and development of future nursing staff to acquire the necessary competencies.

- use their power to manage the new type of multigenerational workforce made up of staff and nursing leaders from four different generational cohorts. (Sherman, 2006).

I wish that nurse leaders would move beyond ”self-centred” towards socially responsive leadership by means of the tools of influence, power and authority to serve the community with the vision “health for all”.

Thank you

References

Anon. 2006. A Closer Look at Servant-Leadership, *Spring/Summer 2006 edition of In Touch Magazine. Available on* http://seminary.fresno.edu/resources/a-closer-look-at-servant-leadership, *accessed on 1 February 2011.*

Anon. 2011. Entrepeneur. Available on http://ceo2030. blogspot.com/2011/03/ quantum-leadership-tapping-into-power.html), accessed 7 June 2011.

Bagnoli, C. 2006. The authority of reflection. Revised version of a paper presented at the XVI Conference on Philosophy and Cognitive Sciences at the University of Valencia, 27th March 2006 by Glover, T. Available on http://reflectionleadership.net/reflection-leadership/self-reflection/), accessed 3 March 2011.

Blanchard,K. 2011. Situational Self Leadership. Creating Self-Empowered Leaders at All Levels. Available on http://www.kenblanchard.com/Issues_Organizational_ Development/ Effective_Leadership_ Solutions/Personal_Self_Development/Empowerment_Situational_Self_Leadership/, accessed 29 May 2011.

Bligh, MC., Pearce, CL. & Kohles, JC. 2006. "The importance of self- and shared leadership in team based knowledge work: A meso-level model of leadership dynamics". *Journal of Managerial Psychology*, 21(4):296 – 318.

Bommelje, R. 2009. The Top 10 Ways to Strengthen Your Self-Leadership in Power Listening for Leaders, available on http://powerlistening.wordpress.com/2009/05/08/the-top-10-ways-to-strengthen-your-self-leadership/, accessed on 1 March 2011.

Brenegar, E. 2011. Hostmanship – A Leadership Ethic of Personal Responsibility. A Review. Available on http://edbrenegar.typepad.com/HostmanshipReview.pdf, accessed on 29 May 2011.

Bryant, A. 2011. Leadership and Self-observation. A self leadership coaching blog. Available on http://selfleadership.com/blog/topic/leadership/leadership-and-self-observation/, accessed 2 March 2011.

Burns, JM. nd. Available at http://www.leadershipforanewera.org/page/Collective+ Leadership+(Overview+and+Resources), accessed on 29 April 2011.

Darke, K Self-Leadership: Are You the Leader in Your Own Life? Available on http://www.disaboomjobs.com/career-resources/career-coaching/self-leadership-are-you-the-leader-in-your-own-life, accessed 10 April 2011.

Frankfurt, H. 1988. The Importance of What We Care About. Cambridge: Cambridge University Press.

Freeman, RE. & Stuart, L. 2006. Developing ethical leadership. Bridge Papers: Business Roundtable Institute for Corporate Ethics.

Geddert, T., James, L. & Toews, R. 2006. A closer look at servant leadership. Spring/Summer 2006 edition of In Touch Magazine. *Available on http://seminary.fresno.edu/resources/a-closer-look-at-servant-leadership,* accessed on 29 April 2011.

Goleman 2009. The art of self leadership. Impact Leader Assessment. Available at http://www.impactleader.org/articles/?p=391, accessed on 3 April 2011.

Hall, J., Hammond, S. A. S.a. *What is Appreciative Inquiry?.* New York: Thin book Publishing Co.

Heifetz, R. Grashow, A. & Linsky, M. 2009. The practice of adaptive leadership. Available on http://edbrenegar.typepad.com/leading_questions/2009/07/the-practice-of-adaptiveleadership -review.html, accessed 6 June 2011.

http://www.linkedin.com/answers/management/organizational-development/ MGM_ ODV/ 586441-20300578, accessed 6 June 2011.

http://en.wikipedia.org/ wiki/ Social_responsibility, accessed 4 June 2011.

Innovations. nd. Quantum Leadership—Leading and Managing in Turbulent Times. Available on http://www.innovint.com/services/leadership_1.php, accessed on 2 June 2011.

Johnson, K 2003. The Role of Leadership in Organizational Integrity and Five Modes of Ethical Leadership: organisational ethics. Available on http://www.ethics.org/resource/role-leadership-organizational-integrity-and-five-modes-ethical-leadership, accessed 7 June 2011.

Jooste, K. 2004.Leadership: A new perspective. Journal of Nursing management, :217-223.

Jooste, K. 2010. Leadership in Healthcare services. 2nd edition. Juta: Kenwyn.

Kaplan, RE. & Kaiser, RB. 2003. Human Resource Management and Industrial Relations, Leadership and Organizational Studies. Developing Versatile Leadership. MIT Sloan Management Review Magazine, July 15. Available on http://sloanreview.mit.edu/the-magazine/2003-summer/4444/developing-versatile-leadership/, accessed on 10 November 2010.

MacMillan Dictionary. nd. Available on http://www.macmillandictionary. com/dictionary/ british/responsive. Accessed 4 June 2011.

McMahon, KL. nd. Exploring Leadership: For College Students that Want to Make a Difference. Available on http://focus.ucsc.edu/relation.htm, accessed 2 June 2011.

Meehan, D. 2010. Young People Leading the Way Towards Collective Leadership. Available at http://www.leadershipforanewera. org/page/Young+ People+Leading+the+ Way+Towards+ Collective+Leadership, accessed on 29 April 2011.

Muller, ME. 1995 Nursing leadership in perspective. Curationis, 18(2):22-7.

National Department of Health. 2007. Annual report of the Department of Health. 2007. Pretoria.

National Department of Health. 2010. National Department of Health Strategic Plan 2010/11-2012/13. Pretoria: Government Printers.

Pearce, CL. & Sims, HP. 2002. Vertical versus shared leadership as predictors of the effectiveness of change management teams: An examination of aversive, directive, transactional, transformational, and empowering leader behaviors. *Group Dynamics: Theory, Research, and Practice*, 6(2):172-197.

Politis, JD 2006 Self-leadership and personality

Reed, J. 2007. Appreciative Inquiry: Research for Change. United States of America: Sage Publications.

Sherman, RO. 2006. Leading a Multigenerational Nursing Workforce: Issues, Challenges and Strategies The online journal of issues in nursing, 31 May.

South Africa. Together doing more and better. 2009. Medium strategic framework 2009-2014. A Framework to guide government's programme in electoral mandate period (2009-2014).

Switzer, P. nd. Leadership defined. Integro Leadership Institute. Available on http://www.relationaleadership.com/The Seven Elements of Relational Leadership), accessed 2 June 2011.

Terry, B. 2001. *On Being A Secular Theologian.* Unpublished manuscript. http://www.action-wheel.com/authentic-leadership.html, accessed on 29 May 2011.

White, A. 2009. Servant Leadership. Avaialble on http://edbrenegar.typepad.com/ leading_questions/servant_leadership/, accessed 28 February 2011.

Wikipedia. Reflective practice. Available at http://en.wikipedia.org/ wiki/Reflective_ practice. Accessed on 26 May 2011.

Williams, JD. 2006. Why Kids Need To Be Bored: A Case Study of Self-Reflection and Academic Performance. *RMLE Research in Middle Level Education online*, 29(5):1-2.

Wood, D. 2010. Nursing notes: Nursing leaders reveal top trends impacting nurses in 2010. Available http://nursingtrends.wordpress.com/2010/01/18/nursing-leaders-reveal-top-trends-impacting-nurses-in-2010-nursezone/, accessed on 30 January 2011.

www.slideshare.net/leadershipera/webinar-collective-leadership-alain-gauthier, accessed on 30 May 2011.

Zinger, D. 2008 Hostmanship Revisited. Available on http://www.davidzinger.com/hostmanship-revisited-772/, accessed 2 March 2011.

Zinger, D 2009 Employee Enagement: Are You Being Served? Are You Serving? http://www.davidzinger.com/employee-enagement-are-you-being-served-are-you-serving-1817/, accessed 2 March 2011.