

#### ORIGINAL RESEARCH

Leading change: a three-dimensional model of nurse leaders' main tasks and roles during a change process

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### The leader is important in all change work

The care leader as a change leader also needs knowledge about change as a phenomenon, about emotions as such can evoke and about the key factors that affect the success of or failure of a change process.

The leader must be able to read the signals coming from the environment and lead the change process in the long term. An identification of the need for change is required for a successful change, as change requires planning and identification of risks. There is a need for a critical evaluation of the change capacity and how readiness for change and knowledge that key actors should have.





## Different roles in change

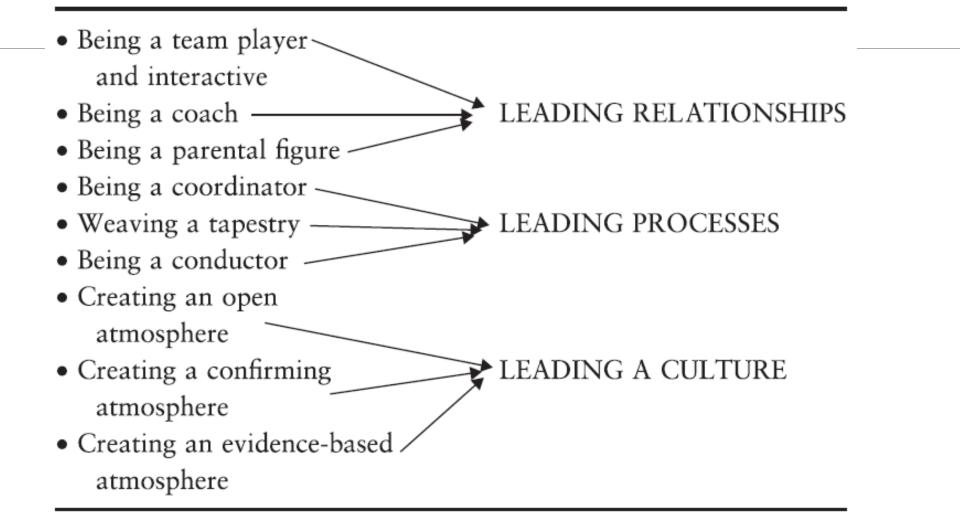
- Based on his central and crucial position, the care manager is of great importance during the change process I to facilitate and influence through various roles and tasks to facilitate and influence the success of extensive changes within the business.
- This means the care manager's responsibility to create professional, contextual and cultural conditions for the care
- Since change is a knowledge puzzle and in which the care manager creates their own tools, the care staff needs guidance, motivation, norms, standards and communication in order to be able to grow and develop both in terms of knowledge and profession in connection with change.







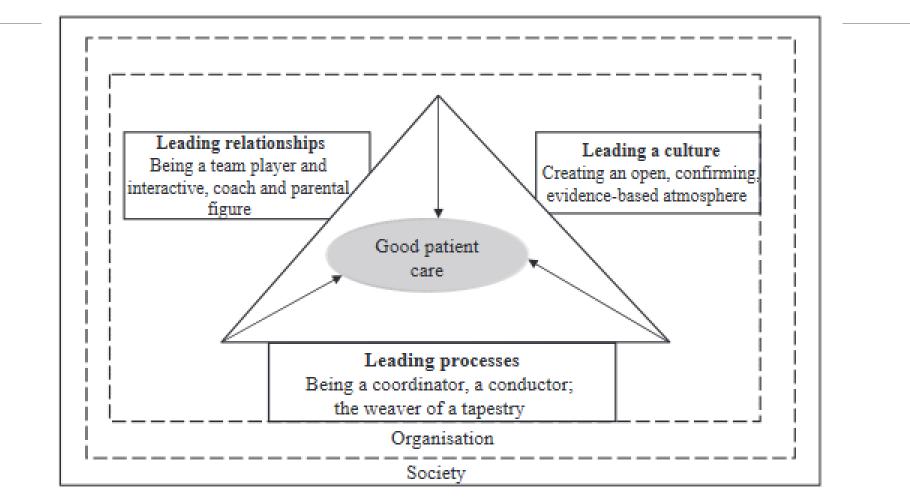
Table 4 The results of the comprehensive understanding







#### A three-dimensional model of the main tasks and roles of nurse leaders during a change process







# A three-dimensional model of the main tasks and roles of nurse leaders during a change process

The themes of being a team player and of being interactive, of being a coach and of being a parental figure were interpreted as the first main task, 'Leading (interpersonal) relationship'. This task encompasses concern for people, working with and/or through other people to achieve results (Blake & Mouton, 1985), and the responsibility for directing personnel (Wolvén, 2000) in collective processes (Blake et al. 1993).

The themes of being a coordinator, of weaving a tapestry and of being a conductor were interpreted as the second main task, 'Leading processes'.

By emanating from the mission of an organization, that is to say, concern for care processes and healthcare services, nurse leaders are able to give good care in collective processes with regard to what people can accomplish and their way of working. This entails coordinating different care processes, with good patient care and a focus on the individual patient as the main mission of nurse leaders.





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The values and norms associated with creating an atmosphere, including the themes ceating an open atmosphere, creating a confirding atmosphere and creating an evidencebased atmosphere were interpreted as the thrid main task, 'Leading a culture'.

The central values and norms that emerged were justice, respect, treating others well and evidence-based practice. In accordance with leadership styles that reflect the culture of an organization and shape its climate (Wolvén, 2000), any creation of atmosphere is constructive and equivalent to leading a culture.

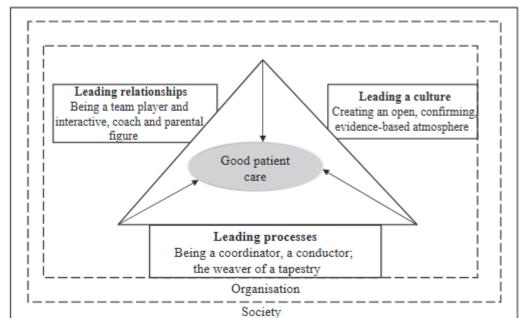




#### A three-dimensional model of the main tasks and roles of nurse leaders during a change process

The central implication of the three main tasks: Leading relationships, leading processes, and leading a culture. But the primary and most central task of nurse leaders was **their mission**  $\rightarrow$  this was therefore placed in the middle of the model to symbolize that which nurse leaders strive to achieve.

The patient's care needs and perspective must be the central starting point during the change process so that not only an economic and administrative approach prevails.







The care leader pays attention to the care staff's workload and facilitates their work and removes obstacles that block desirable actions. At the same time, the care leader leads the care work and the change in accordance with the objectives that are communicated to the care staff and decisions made.

The cultural preconditions consist of how the care leader shapes and cultivates the evidence-based and caring culture with its caring core and visions that are part of the overall care culture. In order to be able to lead and protect the caring culture that reflects how the care should be, insights about it are required.

The care culture that the care manager strives to create that is in connection with the change process is a culture that is open to development, where discussions are held, different opinions are expressed and a holistic view is clear.





In order to be able to combine the care staff's resources and efforts, the care leader should understand how the staff thinks, feels, reacts and acts based on their perceived care reality.

It is important as a care leader to maintain and develop a trusting relationship through professional ethics and the care leaders' ethical approach, which in times of change are very important.

Trust enables learning and creativity as well as help to cope with anxiety and uncertainty. Mutual trust between the care leader and care staff is necessary!





Trust in the care staff is shown through the responsibility and freedom that the care manager shares, while trust in the care manager is strengthened by the common goal and vision and by the care manager's handling of the leadership's dimensions of relationships, processes and culture.

The unifying link in the relationship between the care leader and caregiver is the common interest in serving the patient, which presupposes professional conditions as well as common goals and values.

The participation of care staff, but also confirmation of their competence to serve the patient, collaboration and help with personal growth and development are also important in the event of change.





As an interactive team player, the care leader combines resources and the efforts of others and conveys information.

As a coach, the care leader sets norms and standards, delegates power, guides, motivates, offers support.

As a parent figure, the care leader cares for the caring staff, walks by, facilitates and manages the good care and acts as a teacher.

To create understanding and to convince the healthcare staff to understand the need for change, the care leader communicates a simple vision repeatedly.





It is the care leader's job to get the care staff to change their actions and influence their feelings in the way that makes the vision a reality  $\rightarrow$  which can be accieved if the care staff undergoes a learning process. Development and change are connected with learning, which is also created through dialogue in addition to other learning processes. Learning new ways of thinking and acting can start when the staff commit to change.

**Security and time** are needed for the care staff to be able to process their own inner world so that understanding and motivation can be achieved.





## To sum up

Nurse leaders play different roles by directing, guiding, motivating, supporting and communicating without losing their cultural ethos of caring and use various leadership styles to bring about actual change, which in turn, requires learning so that the thought patterns, values and attitudes of personnel can be changed.