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THE ASPECTS OF SHARED LEADERSHIP IN HEALTH CARE

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Abstract. *Leadership is overwhelming the thinking of contemporary society. A well-functioning organization is first identified with its leader very often. Therefore, it is very important to question the attitude of leadership constantly, not to devalue it, but to understand it better and realize it. Moreover, the expression of leadership in different organizations is very distinct, and its specificity in areas such as health care is still insufficiently explored. Healthcare organizations hold strict hierarchy, therefore leadership is considered as equal to the administrative position. Modern conceptualizations such as transactional, shared, authentic and other leadership theories point to the educational power of a leadership; however, implementation remains challenging. The article presents the analytical-theoretical point of view and interpretive approach for case study about leadership. Firstly, the article introduces research evidence analysis of leadership educational impact for integrated health care system. Secondly, the traditional discourse of leadership is challenged with analysis of complex adaptive systems theory. The case study research was conducted with the purpose to identify the images of leadership among nursing staff and to recognize the needs for leadership education in the healthcare system. Case study results reveal the great need for leadership education in general and for shared leadership in particular.*
Keywords: *leadership development, leadership education, leadership in health care, shared leadership.*

Introduction

There is a constant desire to better understand and realize leadership. New concepts are hoping to bring us closer to an ideal leadership perception and draw the path for its realization. Nowadays, the concept of leadership is characterized by exceptionally wide versatility. It helps to explain many other phenomena, but not the depth of leadership itself. In terms of modernity, the concept of leadership becomes more liquid and more flexible. On the one hand, this means that it has freed itself from a settled and one-sided approach; on the other hand, the concept has, to a certain extent, lost its fundamentalism.

Leadership in healthcare organizations is more than significant; it is crucial (Leadership in Health Care Organizations. A Guide To Joint Commission Leadership Standards, 2009). From the point of view of A. Al-Sawai, the problem

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is that many theories of leadership were developed on the basis of the business activities and directly applied to healthcare organizations. Although there is a strong premise about the universality of leadership theories, there is a lack of specific data on how leadership models help achieve specific results when applied in the context of healthcare (Al-Sawai, 2013). Over the last few decades transformational, authentic, shared, etc. leadership theories are intensively constructed. However, the application of different leadership theories in the researches of health sciences is uneven. From the perspective of M. West and colleagues, the theory of transformational leadership is the most widely used in health research, as well as the theoretical preconditions of authentic leadership. Lately, the number of research that analyzes the importance of teamwork by analyzing it in a shared leadership perspective has been increasing. However, most studies lack the sample representativeness and methodological significance of the sample (West et al., 2015). It is important to note that nurses are the most frequent participants in healthcare leadership research (West et al., 2015). However, this gives only a one-sided follower approach to leadership.

Most of the leadership research has a common methodological feature - it seeks to answer the question of how leadership affects organizational performance, organizational culture, teamwork, etc. At the same time, it seeks to answer the question - what is good leadership, which determines the good performance of the organization. Leadership is usually understood as having an influence, but leadership theories of new generation (transformative, shared, authentic, etc.) are constructed to democratize the role of a leader. Therefore, influencing is associated not with the autocratic and formal strengthening of the position of the leader (*power over*), but with educational and mentoring-based mechanisms (*power with*). Because of this kind of research, there is a global approach that the role of leader has a real benefit in strengthening the social system and leads the society to the path of social progress. However, so far, research do not analyze social structures as spontaneous phenomena, but focus on social practices in which members themselves systematically and methodically implement social structures by interacting with one another. Therefore, the recent researches based on the complex adaptive systems theory (Weberg, 2013) seek to answer the question - not who is a good leader, but what is a good system that works well following self-organization principles. In this perspective, the realization of leadership is based on emergent (*sui generis*) structures, rather than on created through social practices. The emergent systems are based on the principle of agency, which refers to the importance of microprocesses implemented through iterations (repetition of the procedure based on the outcome of the previous procedure). Synergy is the closest analogue to the emergent systems.

The purpose of the study is to reveal the expression of leadership in health care using theoretical analysis and survey methods. The research methodology is based on a qualitative paradigm. The theoretical analysis method allows to reveal a variety of leadership expression in the health care system, and the survey is intended to determine the specificity of leadership expression. Critical theory provisions are used to integrate the analysis of the results of theoretical analysis and empirical research. The non-traditional method was chosen for the survey, i.e. the question for the participants on the survey was presented in the form of a picture. The theory of complex adaptive systems was chosen for the survey: i.e. the picture shows a V-shaped bird colony, and the participants were asked to mark (position) themselves and the bird they are following. The data was collected in October 2017. The sample consisted of 28 senior nurses who work in a hospital in Western Lithuania and who participated in leadership training (where basic theories of leadership were explained and the discussio on the basis of them followed). The hypothesis is raised - if the shared leadership model is implemented in the hospital, the senior nurses will position themselves in the middle of the bird colony.

The phenomenon of leadership as a factor in the development of an integrated health care system

The effectiveness and importance of a strong team in the health care system is not questioned nowadays. However, the shift towards team-based activities involves questioning the traditional leadership model. The traditional, i.e. vertical, leadership model means that the formal team leader is responsible for all the results, while others are simply followers of the instructions. However, such a model prevents effective use of the knowledge, skills and skills of followers (Pearce & Conger, 2003).

By refusing the traditional model of leadership in contemporary organizations, a shared leadership model is being implemented. It is based on delegating responsibility to lower organizational staff, as well as the probability that all members of the organization will be involved in the leadership process (Konu & Viitanen, 2008), i.e. organizational leaders are responsible for strategic leadership, while lower leaders are responsible for the implementation of the activities. According to A. Ropo and M. Eriksson (2001), shared leadership means respect for others' capacities, including listening, encouraging, sharing knowledge and information, and engaging in decision-making. It is believed that the implementation of such a leadership model in the organization increases the personal responsibility of individual employees, greatly reduces the number of conflicts and guarantees the status of learning organization (Konu & Viitanen, 2008).

S. G. Willcocks (2017) argues that the idea of shared leadership is particularly suited to multidisciplinary organizations such as hospitals, where activities are divided into many divisions, but the ultimate goal of the action is united. Other studies are also discovering that the implementation of a shared leadership model in healthcare organizations can serve as a factor in building an efficient and integrated organizational system.

A study by C. Forsyth and B. Mason (2017) reveals that shared leadership is closely linked to the stronger professional and institutional identity of healthcare professionals. Their research confirms the idea that healthcare staff strongly supports and values the application of shared leadership principles in institutions. There is also a positive correlation between professional identity and leadership assessment, i.e. persons who better value the application of the principles of the shared leadership idea are also characterized by stronger professional identities. An analogous link has been found between shared leadership and respondent loyalty to the institution in which they work. In conclusion the authors state that the application of principles of shared leadership in health care organizations becomes a strong factor in developing the professional identity of the organization's employees and strengthening team atmosphere. These conclusions are consistent with S. Sims et al. (2015) opinion that shared leadership is perhaps the most important factor in creating a team atmosphere in the organization and loyalty of staff of all levels. Shared leadership enables employees to feel involved in organizational decision making and make them feel important. And this strengthens organizational identity and loyalty. K. Miller et al. (2007) provides evidence that shared leadership improves teamwork efficiency and helps meet the requirements of a modern healthcare organization.

The shared leadership model in health care institutions can be realized in several directions, depending on the type of institution and its size. Vertical and horizontal model realization is possible. In the vertical case, the leaders of the organization share responsibility with the lower-level leaders, in the horizontal case responsibility is shared among several leaders of the same level. In this paper, the implementation of a model in a multi-profile hospital in the aspect of senior nurses (vertical model realization) is studied.

Nurses are an integral part of healthcare teams. S. Ryan (2017) reveals that shared leadership, i.e. sharing roles and responsibilities, understanding and respect for them, helps nurses better express and use their professional and social skills and also strengthen the doctors-nurses teams. T. Kitch (2017) states that the implementation of the shared leadership model in healthcare organizations is empowering the nurses. S. L. Choi et al. (2016) reveals that empowering the followers in the leadership process is a link between leadership and followers' satisfaction with activity and its outcomes. The empowerment of followers is also

important because it encourages followers to identify with the organization stronger, thus increasing loyalty, personal effort, and engagement (Zhu, 2012; Minelgaitė-Snaebjornson, 2016).

The implementation of a shared leadership model in a multidisciplinary hospital regarding the senior nurses is relevant because their competences and responsibilities are steadily increasing. It is also important to note that the senior nurses in a multidisciplinary hospital have a dual position in the leadership process, i.e. they are the followers of the organization's leaders, but they are leaders for the nurses. It is likely that if they are empowered as followers, they will implement a model of empowering leadership in situations where they themselves act as leaders.

Leadership as an epiphenomenon

The approach to a leadership as a high-level complex adaptive system is important because society and social interactions are becoming more complex and their perceptions are becoming more specific. The main feature of a complex adaptive system is the interconnection, which is based on the high degree of autonomy of each member (agent). However, the agent's behavior is defined by very simple actions. Everyone admires the impressive “buildings” of the termite colonies, but there is no grand plan for their creation, but only a very specific behavior of each member of the colony. Synergy power combines individual elements of behavior into a whole. This creates unique structures. A complex adaptive system theory enables to perceive leadership as a systemic phenomenon in the meanings that there is no centralized central coordinator. A leader is a part of the system in which all its agents interact and create networks. The complex adaptive system is based on the ability of agents to create synergies rather than functional relationships.

A complex adaptive system is very important as collective intelligence becomes more and more important in contemporary and future science. And its modeling is to a large extent based on the principles of a complex adaptive system (Surowiecki, 2005).

In the context of a complex adaptive system, leadership acquires a qualitatively new style in the meaning that a leader is not the main coordinator of the leadership process. Therefore, the concept of epiphenomenon, which refers to leadership as a systemic phenomenon, is more appropriate for the description of the role of a leader. It would be very difficult to identify where the leader is in process of the construction of impressive architectural structures constructed by the termites’ colony. However, the charm of this unique natural phenomenon does not diminish anyway.

Another example is the V-shaped colony of flying birds. At first glance, it

looks like a bird that flies in the spine of a V-shaped colony is its leader. But, in fact, the same bird does not lead all the time, birds constantly change (Owen, 2012). Thus, the colony does not have a central coordinating point. It is formed not by linear principle, but by the principle of small interactions, i.e. each bird follows a bird flying in front of it (Resnick, 1996). It should be noted that such a behavior of birds determines not only the perfect architectural V-form composition but also the resistance of the colony: if the number of flying birds changes, V-shaped colony structure will be successfully maintained.

The approach of complex adaptive systems is relevant to the healthcare system because analogies can be easily found. For example, a hospital's organizational activity can be identified with a high-end watch. The finest parts can be picked, but they will not necessarily work like a perfect clock when they are put together. Hence, a good hospital needs something more than just the best specialists in one place - a system is needed. Therefore, in terms of leadership in health care, it is important for a leader to create a system (Leadership in Health Care Organizations. A Guide to Joint Commission Leadership Standards, 2009). The complexity of the health care system is considered to be its critical characteristic (Buckley, 1967).

D. R. Weberg (2013) proves that a complex adaptive system is a very suitable concept for building insights for leadership in health care. In addition, the development of leadership based on the principles of a complex adaptive system allows a much more effective development of innovations in health care.

The lack of a systemic paradigm can be seen in the context of health care, as healthcare organizations are often identified with a conglomerate of individual components (Leadership in Health Care Organizations, A Guide to Joint Commission Leadership Standards, 2009). As a result, the issue of leadership is also explored in the absence of a systematic approach.

Results and discussion

As already mentioned, a picture of a V-shaped flying bird colony was given to the participants of the research. They were asked to label themselves and the bird they follow (see Figure 1).

The use of pictures in the research is rare, but very meaningful, especially in order to deepen the analysis of such phenomena as leadership. It enables people to express their thoughts more freely, especially the influence of hierarchical structures on leadership (Woods, 2016). Moreover, leadership is not an objective virtue, it depends on the perception and attitude of the evaluator (Maxwell & Greenhalgh, 2011).

Figure 1. **A picture used for the research**

The results reveal that all of the subjects identified themselves as one of the birds in the middle of the V-shaped colony (from 2nd to 9th bird, a mean 4.7). The participants of the research indicated that they were following the bird front of them or the leading bird in the leadership process (mean 2.2). The average position difference between "self" and "the one who is followed" is 2.65.

This suggests that the shared leadership model exists in the hospital, i.e. the senior nurses see the leaders in the organization, but by positioning themselves in the middle of the chain, they also see the people behind them (that follow them). Therefore, it can be assumed that they are empowered to act as the leaders in the leadership process. In view of the fact that it is precisely shared leadership that empowers followers, it is believed that such a model exists in the hospital and is implemented in a vertical direction.

Some subjects have indicated that they are following the bird in front of them, while the others are following the first or second bird in the front of the chain (the first leading persons in the organization). It can be assumed that the birds in front of the chain are considered to be leaders and therefore the subjects have indicated the intention to follow them. It can also be argued that the model of shared leadership is implemented in a horizontal direction as well, and responsibilities are divided among executives.

On the basis of research data, the correlation between the participants' characteristics and self-positioning is also sought. The moderate linear functional correlation was determined between the age of the subjects and the self-positioning ($r = 0.353$; $p = 0.000$), and the length of work experience and self-

positioning ($r = 0.481$; $p = 0.000$), which means older people see themselves further from the front in the organizational chain.

A moderate linear functional correlation was revealed between the self-positioning and following the chain leaders ($r = 0.431$; $p = 0.000$). This means that nurses who position themselves closer to the front of the chain more often follow the executives.

The identified linear correlations also suggest that younger people are more likely to position themselves in the front of the organizational structure and are more likely to take leadership roles and responsibilities than older colleagues. This brings novelty to leadership research since it is argued that there is a lack of research that seeks to reveal how person age correlates with individual leadership (DeRue et al., 2011; Bal, Kooij, & Rousseau, 2015).

Thus, the instinctive self-positioning of research participants in the organization's leadership model allows for such assumptions. But further studies and more qualitative data are needed for these assumptions to be validated and that the model of bird colonies could be used as a universal model for leadership research.

Conclusions

Leadership is important for the development of modern health care system. In recent years, many reforms have taken place in the healthcare system. A lot of them are foreseen in the future. Leadership becomes a prerequisite for effective implementation of changes in the healthcare system. Shared leadership that focuses on a relationship between leader and the followers rather than on a position of authority empowers followers and has a great impact on their professionalization. Shared leadership enables the collaborative learning, creative experience, and empowerment that are key factors for modern healthcare development.

The research confirmed the hypotheses raised, e.g. it can be assumed that the shared leadership model is (at least partly) implemented in the hospital and senior nurses are empowered to act as the leaders in the leadership process. However, it must be noted that only part of nurses sees themselves in the process of leadership. This suggests that health care professionals require education about leadership, its impact on the effective functioning of the healthcare system, and the education on how leadership principles can be implemented in healthcare institutions.

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