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The Transformative Role of Nursing Leaders in Mergers and Acquisitions within the Ostrobothnia Welfare area

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Master thesis

Leadership for Nordic Healthcare

2023

Master Thesis

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Title: The transformative Role of Nursing leaders in mergers and Acquisitions within the Ostrobothnia Welfare area

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Identification number:

Commissioned by:

Arcada University of Applied Sciences: Leadership for Nordic Healthcare, 2023.

Abstract:

Transformational leadership is widely acknowledged in healthcare reforms hence it focuses on transformation, and it establishes a positive change in the organization. In nursing care, transformative leadership is inevitable, and the leader's function holistically in motivating the team members to strive towards the goal of the organization. As concerned with the centralization of the Ostrobothnia welfare area, numerous changes have been made and this is an explorative study, using semi structured interviews to determine the transformative role of nursing leaders during the fusion process. The aim of the study is to explore the nursing leader's functional area in the Ostrobothnia healthcare reform process and the research questions are.
1) Which transformative *role* do nurse leaders/managers prefer when leading in merging processes?
2) What are the challenges and strengths for each *role* chosen during the change process?

 The background of the study is based on healthcare reforms, leadership during transformation, elements of transformational leadership and exemplary leadership practices in confronting leadership challenges. The study succeeded in answering both research questions as the result identified the influential, intellectual, motivational, and considerate role of the nursing leaders in leading the change process and the strengths and challenges of each role they prefer despite the fact of the fusion process is still ongoing.

Keywords:

Leadership, Transformation, Nursing management

CONTENT

1 INTRODUCTION

The Finnish healthcare system is renowned globally for creating the most sophisticated healthcare infrastructure and provision (Keskimäki et al.2019). However, due to the economic crisis, decreased tax revenue and Finland's aging population, the strategies of healthcare reforms have been made with the consolidation strategies concerning the public sector and unifying the health and social services (Saltman et al.2016). During the last few decades, restructuring was inevitable to meet the current needs and provide the utmost and equal quality healthcare to the public. (Ministry of finance, Finland, 2021)

Additionally, Finland's healthcare and social care system is undergoing numerous healthcare reforms since 2000. The centralization of local to regional level in the governance, administration, and structure of institutional care. In the proposals regarding establishment of legislation on healthcare reforms in Finland, the main concerned areas are leadership and administrative areas to implement and actualize a desired outcome of utmost productivity-the quality of care. The organization's culture is integral and recognized as a positive marker in enhancing organizational performance. Concerning the ongoing healthcare reforms, numerous changes are being established in the structure of leadership, employment strategies, employee welfare and recruitment strategies. (Katsaragakis et al.2018).

Transformational leadership motivates and enhances self-efficacy and exists as a vital denominator of quality healthcare, medium of trusted relationship, employee welfare and effective change process (Nielsen et al, 2008). The quality care is being actualized implementing reform strategies of care provision as well as the growth and development of the employees. Being an essential area in care providence, the scope of TFL in nursing is very integral hence it acknowledges the potential change required areas, developmental opportunities, empowering and performance-oriented activities to meet the expertise management. Moreover, effective transformational leadership is inevitable in attaining an optimal quality of care and workplace enhancement. Nursing managers leaders perform an integral role being a transformative contributor in attaining the vision behind the incorporation. (Suhonen et al. 2012).

According to Northouse (2016, p.160) TFL is contemporary and widely used approach in leadership which has been the focus area of much research moreover it is much emphasized on charisma and affective elements of leadership. The plot of the study emerged from the authors empirical perspective being a part of work pool staff in the Vaasa city hospital, confronting different nursing leaders and their activities.

This is an explorative study conducted using semi structured interviews from ward managers of Vaasa city hospital general medicine wards, staffs resource chief and the leader of the home hospital to identify the transformative roles of nursing leaders/nursing managers in the healthcare reform process. This study also addresses the challenges faced by nursing managers as a vital facilitator of the change process and the positive lessons that we learn from work culture changes which can apply to improve healthcare working environment in benefitting the staff and patients in a nursing leader's perspective.

1.1 Aim of the research and research questions

The aim of the study is to explore the nursing leader's functional area in the Ostrobothnia healthcare area reform process. This research has no previous related studies hence it is an approach to yield an interview data on an ongoing process regarding crucial delegation of nursing managers to accomplish the vision of Ostrobothnia healthcare area reform.

1.2 research questions

1) Which transformative *role* do nurse leaders/managers prefer when leading in merging processes?

2) What are the challenges and strengths for each *role* chosen during the change process?

In the following chapters I will elucidate more on different types of roles of a nursing leader as per the literature and book resources to yield a prior understanding

2   FINNISH HEALTHCARE IN TRANSFORMATION

In this theoretical framework, underpinned the idea on Finnish healthcare reforms, Mergers and acquisitions in Finnish healthcare, the elements of transformative leadership and Kouzes and Posner model on 5 traits of exemplary leadership which exists as a suitable yet challenging theory to address transformative leadership perspective.

2.1   Healthcare reforms/SOTE-uudistus

In Finland, the healthcare system aims to improve the health and wellbeing of the public, work capabilities, functional capacity as well as providing social security. The public services are responsible for the wellbeing of the people. Finland's constitution obliges to provide public welfare and enables every citizen to access the healthcare services. Under the ministry of health and social affairs, each municipality is responsible for providing health services to the public. Meanwhile, Valvira-the national agency responsible for supervising the social and healthcare sector. (Finlex 2018; Valvira, 2016; Terveydenhuoltolaki,2010)

Healthcare reform in Finland is a legislative measure established in 2021 by the parliament to unify healthcare, social welfare, and rescue service of different counties/healthcare districts. The process of reformation is called SOTE-reform which aims for more optimal and sufficient social and healthcare providence to the public than the current model as well as restructuring the whole infrastructure of social and healthcare system in Finland. The main reason behind the reformation is when the smaller municipalities have faced difficulties in providing quality care to the inhabitants due to economic and resource reasons. The strategies to resolve the issue have led to a reform measure by centralizing the social and healthcare to the bigger administrative entities. The main objective of the SOTE-reform is to provide quality healthcare and social service to the public irrespective of the area, alleviating the disparities and cost effectiveness. (Saltman et al.2016; Soteuudistus, 2022)

In Finland, 21 wellbeing service providing counties, amongst in Ostrobothnia, the health and social welfare services of the 13 municipalities merged to Ostrobothnia welfare area. The preparation of the merging process initiated in 2021 and expected fully functional access by 2023. The collective responsibility of organizing health, social and rescue services stipulated to Ostrobothnia welfare area, meanwhile the sub municipalities will remain responsible for resident´s health and wellbeing promotion. Besides, the private sector functions as supplementary and collaborative services. People can access health and social services beyond the regional boundaries. (Soteuudistus, 2022)

The vision of sote-uudistus is being a stronger health and social care provider by enabling incorporation of multisectoral services irrespective of age and client , digital embeddedness and providence of sufficient multidisciplinary skilled labor .The healthcare reforms spear headed on the objectives mainly rectifying the disparities and inequalities in the health and wellbeing by providing easily accessible yet unique quality health , social and rescue facilities .The restructuring initiated in the grass route level from the primary care services to the specialized healthcare and acute services . Besides, meeting the needs of the public by ensuring sufficient skilled labor within the desired budgeting and cost effectiveness. (Soteuudistus, 2022)

2.2 Mergers and Acquisitions in Finnish healthcare

Krug (2008; p.7) defining Mergers and acquisitions (M&As) as the process of one organization purchases or being merged to another bigger acquirer organization, in which the ownership, the assets-liabilities, stocks, administrative operations, business and products are consolidated and collectively governed. Additionally, in mergers and acquisitions the target organization's ownership transforms its social mandate, economical goals, and functional prospectus, this modification implies in achieving the desired goal of the acquirer organization. In healthcare, the potential benefit of M&As are enhancing the efficiency through limiting the resource duplication, collective measure of cost effectiveness, improving the services of coordination by enabling new ground for knowledge transfer, innovations associated with the synergies. (Angeli et al. 2012) emphasizes the ultimate

M&As implementations in healthcare results the greater level of quality and efficient care and the diversification strategies in the M&As unifies the functional operations and collective goal accomplishments. However, notwithstanding the facts of risks associated with M&As such as flexibility issues, organizational hassles in the merging diverse care providers, practical difficulties in handling clinical and administrative functions. Moreover, it demands the inevitable pre-analysis which critically addresses the benefits and perseverance in actualizing the consolidations strategies.

Although, concerning the benefits of M&As, the transition creates a constructive collaboration between the acquirer and target organizations, the benefits are yielded through enhanced operations and skill sharing. The phase prior to the M&As is particularly important in acknowledging the potential vulnerabilities, consolidation of strategies, economic and cultural significance and assuring the successful actualization. Since there are numerous incidents of M&As failure occurred due to complexity, strategical error, and due diligence. (Lega, 2005)

There are distinct types of M&As, in which *vertical merging* implies the separate firms with various products or functions uniting to extend their business opportunities. Besides *market extension merging* implies companies of different markets combines broaden up their customer chain, whereas *product extension merging* comprises the companies of related products associate together and *conglomerate* M&As happens when companies of various markets join to run together providing broader service. In healthcare M&As Horizontal *merging* where companies of related products unite to alleviate competition in the responsible field and *Concentric merging* is opted when firms of similar industry unite or consolidate to provide an extensive service to the same customers. (Krug 2008; p.23; Williams et al.2018)

In Ostrobothnia, as a part of SOTE -reform, concentric M&As in healthcare is centralized to Ostrobothnia welfare area, the local health care providing entities unified for a vision on better cooperation, new innovations, and accessibility of health services in two languages. Meanwhile the long-term goals are forming and maintaining the most prosperous population in Ostrobothnia by providing the most functional health and social services, keeping the bilingualism, efficient leadership, attractive workplaces, continuous learning,

and skill development among the staff. (vaasankeskussairaala.fi/globalassets/hallinnon-tiedostot)

3 LEADERSHIP DURING TRANSFORMATION

Transformational leadership is empirical, and relationship oriented, intuitive yet potentially transformative set of deep-rooted principles of leader in an organization. TFL is proactive, enabling motivation of the subordinates, self-appraisal and multi-professional strive towards the organization's vision. Precisely, *"Transformative leadership ultimately becomes moral in that it raises the level of human conduct and ethical aspiration of both leaders and followers, and thus it has transforming effect on both."* (Gabel, S., 2013)

3.1 Different roles as a leader

TFL comprises of the key elements *"collective process of idealized influence, inspirational motivation, intellectual stimulation and individual acknowledgement."* In which *Idealized influence* refers to the competence or trait of a leader to keep an effective rapport with confidence, optimism and enthusiastic approach or being an idealized visionary to the subordinates. Besides, *Intellectual stimulation* implies the leader's capability in rectifying conflicts, solution-oriented activities, unique approach beyond conventional approaches. Similarly, being an *inspiration* and reason for *motivation* stands as core trait of TFL and *individualized consideration* relies of the staff growth and welfare. (Marshall. 2010, Fischer, S.A., 2016)

Figure 1:Elements of transformational leadership (Susilo,2018)

Meanwhile Hacker et al (2003) defines TFL as *"the comprehensive and integrated leadership capacities required of individuals, groups or organizations to produce transformation as evidenced by step-by-step functional improvement"*. Similarly, TFL can also defined as the ideal form of leadership which facilitates greater extent of motivation, work-morale, employee empowerment and effective performance (Fischer, S.A., 2016)

To elucidate, *TFL* needs a comprehensive and easily integrative framework or model to bring forth a transformation. It endorses an effective transformation in which a leader creates a prospect of success performing beyond their self-interests to attain the envisioned organizational change. In TFL, the leaders align and optimize the functionality of the followers by inspiring, motivating, acknowledging the potential, and increasing accountability in the process of their mission. (Marshall. 2010)

3.1.1   The role as an influential/charismatic leader

Being an influential leader in nursing care requires an insight into aspects of different leadership styles based on reflecting the institution's vision, overall mission, and philosophy. Administration and clinical leadership co-exist as core areas of performance. (Hayashida et al.2019). It is often considered the initiative- oriented behavior of the nurses is in close relation with charismatic influence of a role model leader especially in the change process. The trait of proactiveness is being socially inherited from the superiors

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or has empirical evidence in molding towards aspiring leaders' quality. (Alloubani et al. 2019). Moreover, charismatic leaders influence in developing professional autonomy in their subordinates and it is considered as an integral attribute in transformational leadership. The common behavior of charismatic leaders is clear and transparent communication; in fact, they can openly convey the vision and expectations of performance. Besides, they remain as the facilitators of productivity influencing the team members with their unparalleled activities of leadership. (Marquis, 2010 p.285)

As per the studies on nurses' productivity and leadership influences, the phenomenal positive connection between the influences of leaders and achieving the desired outcomes buy nurturing adoptable qualities like critical thinking, resolving the conflicts and usage of resources and effective management. (Germain et al.2010). Furthermore, based on Kouzes and Posner exemplary leadership model validates that the staffs are influenced by leader's activities hence the leader's behavior makes differences in the proactiveness of the employee, they model the way giving and earning respect. They lead based on the stipulated guidelines and inspire in formulating a mutually achievable goal providing the instances of similar achievement from their experiences or sharing the success stories. (Downing et al.2020)

3.1.2 The role as an intellectual leader

As per Maquis (2010 p.56), the intellectual perspective in a leader is a cumulative process of clinical/managerial experience and individual level of emotional quotients to address the quality-of-care issues. The emotional intelligence of leaders plays an integral part being the advocate of the employees, in fact emotional intelligence is a key factor in enhancing the effective work performance, staff integration and maintaining an empathetic relation and work ethics.

(Mansel ,2019) emphasizes, the leaders reflecting the emotional intelligent attitude in their leadership role ensures the staff coherence and self-efficacy in managing demanding situations staff shortage and such stressful encounters by creating a trust level towards the leadership. Additionally, (Butler, 2021) finds that the leaders fail in expressing the

emotional intelligence are less likely to promote the effectiveness of staff outcome, work engagement and it can go beyond the incidences of staff retention, burn out and in-service conflicts.

Moreover, Maquis (2010 p.55) explains the content of Goleman model that, the nursing leaders with emotionally intelligent potential rectifies the workplace barriers and stressors in greater successful level than the leaders of authoritative and power influenced type. The leadership attributes of self-awareness, motivation, empathy, and social interaction are collectively measured as the domains of emotional intelligence. The virtue of emotional intelligence creates a constructive collaboration between team members, and it is inevitable in addressing the staff needs and demands in clinical functioning.

The beneficial aspect of EI includes, effectiveness of communication, critical thinking, decision making, delivering the quality care in a holistic perspective moreover it alleviates the burnouts, stressors, staff turnover and enhancing the work-life balance and provision of quality care. Thus, the need for EI is widely acknowledged. (Suwaidi, 2022)

3.1.3 The role as motivational leader

In nursing care, intrinsic motivation creates worthiness, balance, and meaningfulness in finding your own vocation. The leaders are expected to reflect the inherent satisfaction towards their deeds to motivate the staff as they can find the virtue of their work. The motivational leaders are fully engaged in work upholding the core values, beliefs, and employees' assumptions towards fulfilling the organizational goals whereas the disintegrated leaders compromise in motivating the staff. The relatedness of being motivated by leaders is evident in clinical and administrative settings especially when they are empowered with the organization support of on staff welfare strategies. Furthermore, the inner enthusiasm of the leaders motivates the staff in provision of quality care, commitment, and greater level of organizational performance. (Marquis 2010 p.403), (Downing et al.2020)

3.1.4   The role as a considerate leader

According to American Organization for Nursing Leadership (AONL), the competencies of nursing leadership reflect in concerning the subordinates in their needs, an acknowledging the performances and extended all efforts to staffs in mastering their performances, providing a productive working environment in maintaining personal and professional wellbeing. The effectiveness of the leader's interaction brings a positive work environment, and it creates a high impact trusting relationship among them. Also, understanding oneself the positives and limitations is significant in addressing development areas. (Hughes et al.2022)

Similarly, a leader's congruence is inevitable in terms of acknowledging stress of conscience when a staff member is involved in an ambiguous moral incidence, ethical dilemmas, or conflicts of morality. Also, leadership prominence is expected in formulating constructive ideas to resolve an issue, managing conflicts, cultural differences, employee welfare strategies and giving proper feedback. Individualist concern is the key component in care and transformative leadership hence it focuses on the development of humanistic resources to attain the desired goal. Where the staff are being concerned, it brings their inner strength to develop to meet the expected outcomes and achieve par excellence in their performance. As per the research on staff retention leadership styles, the supportive culture and individual leadership improves the advocacy, accountability, functional skill development and job satisfaction of the nurses. (Hughes et al.2022)

3.2   Understanding leadership challenges during transition

The leadership challenge model by (Kouzes & Posner, 2006) validates the wide range of possibilities and applicability especially in managing nursing care. The model encompasses the criteria of leadership practices to facilitate an effective change. The model Constitutes different areas of concern like
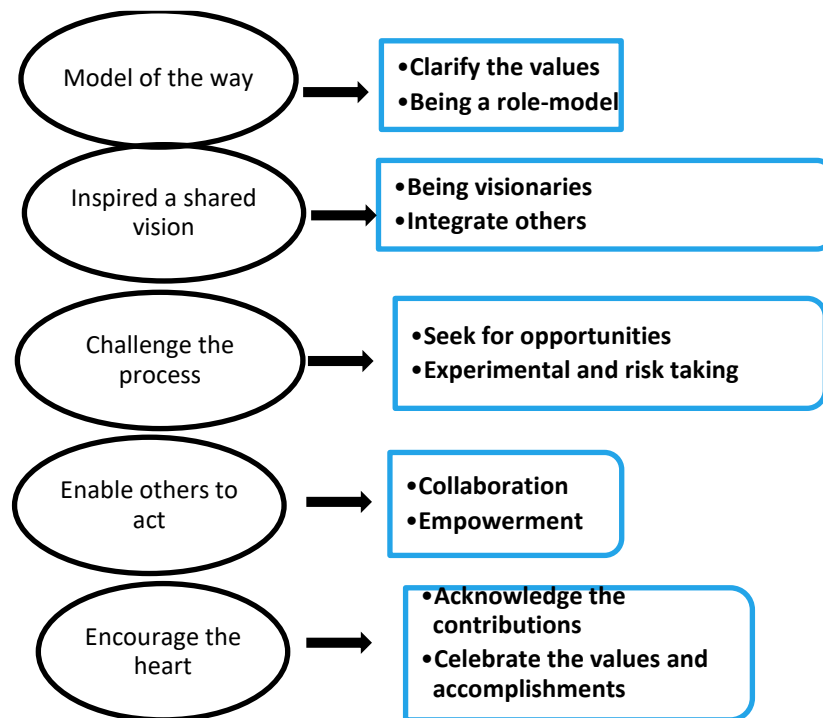
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┌─────────────────┐        ┌──────────────────────────┐
│  Model of the   │───────▶│ •Clarify the values      │
│     way         │        │ •Being a role-model      │
└─────────────────┘        └──────────────────────────┘

┌─────────────────┐        ┌──────────────────────────┐
│ Inspired a      │───────▶│ •Being visionaries       │
│ shared vision   │        │ •Integrate others        │
└─────────────────┘        └──────────────────────────┘

┌─────────────────┐        ┌──────────────────────────┐
│ Challenge the   │───────▶│ •Seek for opportunities  │
│ process         │        │ •Experimental and risk   │
│                 │        │   taking                 │
└─────────────────┘        └──────────────────────────┘

┌─────────────────┐        ┌──────────────────────────┐
│ Enable others   │───────▶│ •Collaboration           │
│ to act          │        │ •Empowerment             │
└─────────────────┘        └──────────────────────────┘

┌─────────────────┐        ┌──────────────────────────┐
│ Encourage the   │───────▶│ •Acknowledge the         │
│ heart           │        │   contributions          │
│                 │        │ •Celebrate the values    │
│                 │        │   and accomplishments    │
└─────────────────┘        └──────────────────────────┘
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Figure 2:Leadership challenge model

The leadership challenge model emphasizes the leaders understanding their own area of concern to keep the trust envisioned in her to keep pace with the mission of the organization. (Caldwell et al. 2015; Marshal, 2010 p.146)

Model the way!

Leaders pave the way being a role model upholding the values, receptive interpersonal relationship, integrity, and credibility. Leaders are the prime benchmark of envisioned role performance and encourage others to actualize the organization's desired outcome. The leader is a key factor in *models the way* as she clearly understood the aim of the organization and keeps it as a supreme duty to perform. They have expertise in their work field with exceptional way of commitment and maximal effort. (Kouzes & Posner, 2006 p.41; Caldwell et al. 2015)

Inspire a shared vision!

True leaders constantly inspire in sharing the vision of the organization, enhancing every new opportunity for development. They exhibit the strength and enthusiasm to *inspire a vision* and integrate others to attain a common goal. Additionally, they facilitate alternate

thinking apart from conventional ideas to enable a change. Moreover, empowering others by acknowledging the strengths and drawbacks in their work process (Kouzes & Posner, 2006 p.99, Caldwell et al. 2015)

Challenge the process!

The leader brings the challenge foreseeing the developmental benefit of the change. Organizations initiate diligent, evidence based and professionally researched ideas on beneficial risks to achieve the expected outcome. They act as a collective voice and volunteers in *challenging the existing process.* Experimenting innovative solutions and making use of adequate resources to empower the followers to meet the demands and challenges of every new circumstance and act accordingly. Also emphasizes the need of updated learning, considers the collective opinion based on all experimental solutions or ideas of action. (Kouzes & Posner, 2006 p.155, Caldwell et al. 2015)

Enable others to act!

Leaders create trustworthiness and commitment resolving the barriers by providing resources for efficient performance. In fact, they create the most suitable pathway to function hence it enables greater level of productivity and benefits towards the desired goal of the organization. Enables others to act and encourages effective work collaboration to make them feel succeeded in their tasks and which builds a sense self-determination, confidence, and individual performance. (Kouzes & Posner, 2006 p.213, Caldwell et al. 2015)

Encourage the heart!

The leaders are active listeners and trusting advocates of their team members with an open-minded and non-prejudiced attitude. It unlocks the potentialities of others and could extract the best performance of others. They receive the employees' trust in reward and perform the exemplary requirement to *encourage the heart* and which is inevitable yet challenging throughout the leadership process. Furthermore, the leader recognizes every nuance of the accomplishment, gets acknowledged the valuable contributions, gives feedback, and sets up training and celebrating the milestones. (Kouzes & Posner, 2006 p.271, Caldwell et al. 2015)

Transformational leaders play a pivotal role in enhancing the quality of nursing care. Kouzes and Posner model of transformational leadership constructed on numerous empirical research on change leadership area, and it also outlook on practical perspective and actions during a process of reform. Moreover, the transformative leadership attributes based on the 5 beneficial elements emphasized on this model. The elements in Kouzes and Posner model are interconnected in many aspects and mutually dependent in yielding greater level of performance in reforms. (Wheeler and Beaman 2018).

The theoretical framework clearly emphasizes and focuses on the meaningful relationship between leaders and followers although this model stipulated on a broad and philosophical perspectives. In this framework, leaders convey their beliefs and empirical knowledge to frame the base for fulfilling the ultimate vision in an organization Moreover the frameworks satisfy the key aspects of transformation like relationship, morality, and challenging perspectives. (Caldwell et al. 2015)

4 METHOD- QUALITATIVE RESEARCH

This chapter of the thesis includes the methodology for data collection and how the data is analyzed and written about the trustworthiness of the research specimen. The author intends to approach the thesis topic from a qualitative research perspective and qualitative content analysis to analyze the data. According to Bryman (2012), qualitative research constitutes emphasized words beyond quantification in collecting the data specimen and its analysis. *This strategy of research is inductivist, constructionist and interpretive.* (Bryman, 2012, p.308). The primary concern in conducting research is to identify the research

question in consonance with the identified research problem and which approach to be opted to justify the study's authenticity. In deductive approach, a researcher is obliged to prove existing data from the data collected and the theoretical base or from the hypothesis adopted for the study. Whereas in inductive approach the researcher has the freedom to explore the data and formulate a new understanding based on the fetched data. Also, abduction method is also used as another approach where the researcher uses empiricism and theory for the study process. (Creswell, 2018.p.230)

For this study, the author intends to use qualitative interviews using semi structured interviews with 8 respondents from different wards and home hospital settings of Vaasa city hospital, under Ostrobothnia health and welfare sector and (general medicine, palliative, home hospital). 6 amongst them are clinical managers, 1 from the resource management department and 1 respondent is the leader of the home hospital.

The process of research includes questions, and the data is yielded from participants and the researcher can control over the line of questions to get the necessary information regarding the research question and to collect valuable data. In qualitative interview method, it enables greater interest on interviewee unlike in quantitative method its insights researcher's concern. (Creswell,2018, p.63).

4.1 Individual semi structured interviews

According to Bryman (2012), Semi structured interviews comprise of open, unprejudiced, no pre-arranged set of questions. This method enables the interviewer to explore detailed information through probes and bring innovative ideas as per the answers from the respondents. According to Bryman, *"the idea of a semi structured interview is that it ensures the researcher to be more open about the outline on what he or she needs to know about the concepts and theories can evolve out of the data"* (2012, p.11). The core aspect of semi-structured interview is explanatory, which is adapted often in social sciences for qualitative research or to yield clinical data. The semi structured interviews usually follow a guide or protocol formulated before the interviews and which is focused on the topic to give a general structure, also enables an exploratory sense allowing the space to follow the vivid trajectories as unfolded from the interview. (Magaldi ;2020)

In semi structured interviews the interviewer is equipped with the questions to be asked based on research questions, it is often specified as the interview guide. The interview might not process the way it is outlines and allows the interviewee to have some flexibility in answering. The contents in the interview guide may vary and additional questions could be asked in the process. However, questions with similar meaning will be asked, although it differs in wordings used for different informants. (Bryman, 2012)

Conducting a qualitative interview with a semi structured interview method is the most suitable and appropriate method for the data acquisition hence the research topic is unknown, and no previous studies have been done regarding the same research area. The data will be collected through conducting semi/structured interviews. The researcher asks the same questions to the selected participants on an individual face to face sessions. The data is fetched interviewing nursing managers of different departments. The interviews are scheduled to be conducted in a month. The interviews would be conducted in English or Swedish. Since the informants are multilingual and the author intends to conduct either in Swedish or English according to the interviewee's preference. The questions are partially structured based on the aim and research questions on the topic. A 30–45-minute interview is planned for each based on the interview guide. (The questions will be added in the appendix). Informed consent will be requested using a consent form. All the interviews will be recorded and transcribed to yield the required data for the discussions. According to (Bryman 2012 p.34), transcribing benefits the inherent limitations of our memory level and of the intuitive patterns on the process of response from the interviewees. Moreover, it enables deeper understanding, rectifies the bias and assumptions, and simplifies the data analysis. The format of the interview is flexible, the author adjusts, and initiates probes during the interview and proceeds with the interview guide. The questions were designed based on the theoretical background Kouzes and Posner's, exemplary leadership criteria (Kouzes &Posner, 2017), Book of *Leadership roles and management functions in Nursing*. (Marquis 2010), different perspectives of transformational leadership and based on an article (Lubbe et al 2021) with a critical perspective about Kouzes and Posner model. The questions based on the themes will be listed in the appendix.

4.2 Data Analysis

The usual strategies of qualitative data analysis include content analysis, which involves data driven and theory driven analysis. For this qualitative data analysis, the choice is an inductive method, which is used to validate or justify the relationship between the theoretical background and research. The transcribed interview data is coded and analyzed. precisely the two phases are proceeded in qualitative content analysis with inductive approach.

Phase 1: "*Coding entails reviewing transcripts and giving labels (names) to component parts that seem to be of potential theoretical significance and/or that appear to be particularly salient within the social worlds of those being studied.*" (Bryman,2012. p.567)

Phase 2: *Interpreting the data and finding themes that reoccurred in the data and highlighting possible similarities and differences*. (Bryman,2012. p.567)

Qualitative data → coding → Codes → Interative comparison → Themes

Figure 3: Data analysis process

In content analysis, it is objective since the process of analyzing a large data to its concise forms. The content is interpreted into categories and subcategories to illustrate and understand clearly. Content analysis has three stages, preparatory phase, organizing and reporting. In the *preparatory phase* the transcribed data is divided into categories and the unit of analysis is determined, it could be words, sentences or anything which gives a contextual meaning. The *organizing phase* proceeds by adding comments and notations. the notations interpret into categories and later attached to the larger categories to get a clear idea of the data. It gives a deeper understanding and enables the researcher to extract the themes. The final phase is *reporting* where the significance is identified by analyzing the categories. Then the results are illustrated and discussed in detail accordingly. (Elo & Kyngäs, 2008)

4.3 Research ethics

Finnish Advisory Board on Research Integrity (TENK,2021) is responsible for allegations and providing guidelines for authentic research. The objectives for implementing responsible research work are to prevent misconduct in every involved organization of the of the research work (2012, p:28). Also, the research requirement permits us to validate ethical sustainability and must be conducted according to the principles of the research community. Also, regarding the handling, the allegations of misconduct in Finland, it is forbidden the mal practices like *fabricating, plagiarism, falsification, and misappropriation* (2012:30-34). I would certainly folly the research guidelines for this study. The anonymity of the interviewees will be maintained; hence they can express their response throughout the process of data collection.

According to the ARENE-journal on Ethical recommendations for thesis writing in UAS (2018:09) the collection and analysis of sensitive information is forbidden which includes information on race, ethnicity, origin, health status , social and political views .The author would keep the guidelines followed , the findings will be analyzed transparently and the authenticity of the research will be maintained assuring any sort of distortion on the responds from the interviewees.

5   RESULTS

In this chapter, results of the interviews are presented from the interview data acquired from different ward managers through conducting semi -structured interviews. Personal interviews n=4, written answers n: 3. All interviewees are department managers of Vaasa city hospital. Since the change to the new welfare area is an ongoing process and surpassed the trial run and initial phase, the interviews were challenging to fetch a deeper understanding. However, all the interviewees responded and shared their opinion for the best of their ability and understanding regarding the ongoing change process. The qualitative content analysis with a deductive approach is used for the analysis and the evolved themes are Leaders **transformative roles, Leader's strengths and challenges** which is represented in bold letters and categories are written in bold italics and subcategories

written in italics to get the clarity of the results. A table illustration is given below corresponding to the result of the study.

Themes	Categories	Subcategories
Leader's transformative roles	*Influence*	*Envisioning goals.*
		Interprofessional relationship
		Strategic planning
		Clarification
	Intelligence	*Knowledge*
		Authority
		Assessment and Monitoring
		Evaluation
	Motivation	*Communication*
		Self-awareness
		Accountability
		Role identity
	Consideration	*Staff wellbeing*
		Skill development
		Digital embeddedness
		Encouragement
Leader's strengths and challenges	*Clinical*	*Experience*
		Critical thinking
		Versatility
		Appraisal and feedbacks
		Developmental discussions
		Emotional intelligence
		Role ambiguity
		Work stressors
		Complexity
	Administrative	*Experience*
		Staff movements
		Resource management
		Economy
		Data system
		Wage harmony

Table 1: Transformational Nursing Leadership

5.1 Leader's Transformative roles

In this theme, the evolved 4 different categories are: ***Influence, Intelligence, motivation, consideration.*** I will present the categories in separate subheadings and validate the result giving quotations.

5.1.1 Influence

In this category the evolved subcategories are *Envisioning goals, Interprofessional relationship, Strategic planning, Clarification.*

The opinion on influence varied from different informants, *envisioning the goal* the opinion of many, all leaders have positive attitude towards being influential during the change process. And they have added the inevitability of *envisioning* the desired goals and clarifying the motive and developmental opportunities behind the vision. Furthermore, the staff's need to be informed and motivated plays a crucial role in determining staff engagement towards the goal.

> *You know, Change is a prerequisite today to develop.*
> *The change is carried towards the goal.*
> *(ei jäteta kesken eika "löyda handskoja tiskin")*

"so I think it is important that you can explain to your staff why we do certain things, even you know it for certain or do you maybe know the inevitability about why you make big changes, so you can better work towards the goals, new goals that we usually have"

"Make them feel that change is an opportunity, sometimes a necessary and exciting opportunity to develop further. Change also develops the leader."

"In the change phase, it is important to be able to motivate the staff, to make them understand the necessity of change and being prepared to adapt. Change is always a scary thing, and motivation for change is not always an easy thing."

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"You have to know how to move forward with the change, enhance the staff involvement giving the vision or outcome of it, make them Involve in the process"

"then I also think that the more charisma you have as a leader, the better you do the job and the easier it is to influence your staff towards the vision"

As per the leader's opinion, the change process creates more professional connection, a cohesive feeling as they vouch the leader's commitment in maintain an *interprofessional relationship* to build up more positive things mutually for the organization and staffs. Many of them vouch the instances of extensive professional relationship during the trail run and ongoing period.

"Also, now it's a bigger teamwork happens here in this bigger welfare area. Professional connection is more. you get to also know many people. now professionals have a united feeling, or they think that they are also a part of bigger organization unlike earlier which belonged under smaller administrative bodies."

"Now they had a much larger working community, we have doctors present all the time they can consult, and I have to say that the staff dynamics also fit very well together now so that there would have been many good things."

Meanwhile, some leaders think that *strategic planning* laid the stone of influencing staff engagement towards the transformation, building trust and implementing the changes. Efficient planning is well required to attain the expected positive outcome on the allotted time of functioning. On the other hand, structural complexity is sometimes unparallel to the strategy.

"It's very complex structurally, a strategic planning is the base of every change and every leader plays their part".

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"The positive thing, I think we have a good leader in fact it is planned from the beginning, the strategy I mean, strategic planning, decision making and things like that. It was well laid out and planned from the beginning. And I find it very positive."

"It was such a big change and there were so much new things are being introduced, also everything needs to be to be implemented within a short time. so ,a little worried about how it will go but that I still have to say in connection with the merger, we also had a lot patients, the pressure was great from all sides"

As per the views of some leaders, the *complexity* of the transformation process change requires clarity for all those who associated with it. To facilitate the change, the leaders must inform, delegate the tasks with a good extent of *clarification,* bringing the workforce engaged to make a better positive impact towards the process. The leader's obligation is rectifying the resistance towards change by clarifying the need of attaining goals which are being strived for.

"It's a riddle, no such quick fixes ...! and directly impacts everyone who associated with it, everyone needs clarity."

"If you are unsure yourself as a leader or if you are not really on the same line, if you think that change is not necessarily good, then I think you cannot be completely tied into the actual goals because you knew it there are goals for yourself which you are worth striving for rather than seeing the goals in the long run."

"Introducing new things to the workforce is often troublesome, because of lack of clarity."

"The instructions of the new organization, unclear and figuring out and bringing the new one into the working life is a struggle. Its for us to be able to make it clear for others"

5.1.2 Intelligence

In this category the evolved subcategories are *Knowledge, Authority, Assessment & Monitoring, Evaluation*

The intelligent approach towards the change process was more evident in nursing managers who delegate the activities to the different departmental managers. Many of them acknowledge that their own knowledge and professional encounters have subsidized the transformation and elicit a positive regarding the change process. Knowledgeable leaders have the tactical rationale for the developmental strategies in the transformation .

"I Think that if you are a good leader...then you will be able to gain so many necessary experiences in different fields, of course, acquired a lot of knowledge from different fields, lot of information and authority."

"to be able to motivate, you have to know why. .so, you come, you need to have an intellectual insight."

"you must have basic knowledge, so you must know why and you must also know how and understand the goal, what it leads to, you must have a goal and you must be able to motivate, those things must be there and then have personal strengths .."

"You also need to be very intelligent, when approaching the change process, to expect the outcome, but of course it takes time."

Additionally, a leader's authoritative skills foresee the goal, sub strategize, and makes everyone importance and enables individual input in the process. Leaders facilitate participation as they are the nearest authoritative source and advocates for the staffs in the reformatory process considering the stipulated rules, regulation, and directives.

"You have the authority to guide people, support people you lead, being an advocate for their needs."

"Everyone spends much of energy collecting the right piece of information, when everyone if forced to get the information from somewhere, it's an authoritative duty"

"I am very specific with rules and regulations, the routines, its matters very much being a leader to make everything works well in an order, the structured form of doing things, you know it positively benefits the whole group if we follow a structural idea".

"Performing an authoritative role in passing the directives and rules to be a better understandable format to the people you lead."

Furthermore, *assessment and monitoring* exist as the pillars of securing the quality and positive markers of effective transformation as the informants agrees that the frequent helps to make the outcome of the process the extent of success and further developmental areas. All the informants emphasize the importance of *assessing and evaluating* staff integration, work intensity and patient satisfaction although it is too early for a comparative analysis to identify the inclinations of development and positive trends.

"Monitor the process and ensuring competence, especially working together, and overcoming challenges".

You must have a crystal-clear vision and the outcome.to assess how far its gone, In addition, it is good to think about the best possible ways to implement the change".

"In addition, at each stage of the change, one must be able to evaluate the change process."

"Then we have different meters as well, in the well-landed area, NPS meters there are on the intranet, where the staff can also give feedback, if hmmm."

Evaluation is inevitable to gather the information about the betterment and development required.

"We need gradual evaluation on what we have done so far, how it benefitted and what is required to be further changed "

"It is good to evaluate change, the developments, whether its stressing for staffs or actually benefits"

5.1.3 Motivation

In this category the evolved subcategories are *Communication, self-awareness, Accountability, Role identity*

During the change process, numerous changes have been made, the leader's supreme role is to generate motivation towards the resistance for a change since all the informants responded the existence a varied extent of resistances towards the change process. Hence, the leaders must communicate the strategies to enhance the members' commitment for the transformation. A matter well communicated generate an interest to adapt with the new possibilities, the leaders themselves makes an enormous effort to present it in a simplified way to the team them manages using all ways to *communicate.*

"of course...yes, it must be communicated well enough on the welfare strategies, how the organization working for the betterment of employees it's every little bit of the process of organizational functioning. Irrespective of which department, because the work force should know where they belong, what work they do, what is being changed, what affects the work and personal wellbeing."

"It's the fact that it's good for sure, some kind of information...!! Yes, I think that there are still a lot of changes. I think there will be quite a lot of changes again... the thing is, it's never going to end up like this but update everything to staffs."

"Well. I think about this change, the process, the information must come from somewhere and it must be processed before you can pass it on clearly."

I guess you should try to be social and be able to talk to your employees."

"It is good for a manager to be able to present things as impressively as possible, act sensibly and treat staff with respect. This is how he gets people excited about change and a larger part of the staff becomes resourceful in change process."

"For certain that when it comes to the SOTE change, plenty of information are being sent to the employees in the pandemic times, when it's a bigger organization the such

information being sent through email, indeed its helpful quiet a lot of people gets infor-
mation updated regarding the occupational health''

Additionally, to lead during the transformation is a demanding task and the many informants vouches that it is worthwhile to have a *self-awareness* to reflect thinking the other person's perspectives. Also considers they grow themselves through the tasks they perform. In fact, *self-awareness* and introspection facilitates the leaders to prioritize the tasks to its further delegation.

"This is not easy for the leader either, so you have to remember to be kind to yourself as well. Change happens step by step and sometimes it's good to distance yourself from the matter. You have to know how to get support for yourself, because the manager also needs support. No one makes changes alone, everyone is involved''.

"During the whole process, however, the manager must know how to schedule and prioritize his own part as well, so as not to burn himself out. The leader doesn't have to do everything himself; he has to share the activities''.

"To have a self-awareness makes a big deal in daily working life to develop what causes stress and how to develop a stress tolerance, although it is a challenge.''

Moreover, being *accountable* for what they are obliged to do reflects the leader's responsible role. As per the opinions of the leaders, they consider the most responsible authority in clinical functioning, and they expect the staff to be *accountable* for the activities they perform. Staff volunteering, incident reports and collective analysis are actively being practiced in different departments. Furthermore, for leaders to have the motivation themselves and the creates to the staffs they lead is actualized through *identifying the individual role* in the changes process.

"We have different areas of responsibility yes. Everyone is important and contributors and should be responsible for something. Support them taking responsibilities. that's how it works.''

"if it is important to do the incident reports like HAIPRO, for every necessary things, especially encouraging them to do medicinal haipro so that you then thought how should we do in the future this kind of thing does not happen. So, it is good method".

"I can say, I think my role is to create the motivation in employees so that they can endure the change process."

"The role should be encouraging to take care of, positive things in the change. give peace of mind to everyone, including yourself as a leader, be a role model committed to work you do."

"my role is to help the staffs in their job, because no one should say that the job is not what it was before, everything changes and we just have to accept new things although it's difficult"

5.1.4 Consideration

In this category the evolved subcategories are *Staff wellbeing, Skill development, Digital embeddedness, encouragement.*

During the interviews, the *consideration* or being a *considerate* leader was the most desirable role hence the informants consider their subordinates and keep them closer, acknowledged and supported with all possibilities and resources. The *staff wellbeing* was the collective sound as they say the staffs are the enablers and most productive resource in the transformation. The leaders support the staff by maintaining a good rapport, considering their wishes for schedule, individual preferences, inadequacies, and strengths.

"for example, I am flexible if there is someone on the staff who has a life situation on a temporary basis if they can only do day shifts .. we have to arrange it, dis can work during the day, in case they have their own child daycare or something half a year a year. We should try to arrange such things."

"And of course, caring in the way that you see that they now feel sick, you have often been on sick leave, check how they are really doing, help them find the right resource from where to get help from".

"Work communities should be guided and built in such a way that it does not reduce motivation but supports the employee's motivational factors"

"Pay attention to ergonomics and body mechanics, that's a good concern."

"I think that you are considerate and take into account everyone's strengths and weaknesses in connection with a change because it plays a big role.

those things must be there and then to have personal strengths. I guess you should try to be social and be able to talk to your employees."

"I want myself to be a leader who listens, builds, has good interpersonal relationships and beyond, a good team player and a decision-maker, positive-thinker for the people I lead"

Also, the nursing leaders make the effort in staff *skill developments* by enabling in-service education, training programs and info sessions which provide the efficient integration to new things and new methods of performance. As they think that *skill development* is inevitable to keep up the pace with current trends and being accustomed with the updated knowledge

"A sense of control and competence development, as well as participation and the opportunity to influence, along with a respectful encounter, help in every change process."

"Skill development is important especially when it introduces a new staff into the department, it takes a while to refreshen the skills."

"I like to develop myself too, therefore I feel that I came up at the right time in this place and I feel great enabling the support and guiding the staffs new things".

all the staff don't have this ability to immediately bring in new staff that I think that now there is a certain resistance if some of the staff when there are new ones if they didn't want to change.

"We have in service courses, now we are in this big welfare area , it happens all the time, it's good indeed to update the knowledge, getting familiar to new things , all are benefitted"

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Besides, the *digital embeddedness* has helped the developments and staff engagement to a good extent. since the care classification and nursing care intensity tool plays a significant role in identifying the intensity of staff performance, complexity and demands of the work. Thus, the leaders utilize this tool in demanding more staff resources in fact it functions as a valid tool in analyzing the workplace functions .

"New technological opportunities are good indeed. the paper versions are outdated, now it has much information are digitally store like work schedule, holidays , extra hours , sick leaves , in fact a lot of information ..it good that it introduced"
"Here is moveon I started using this quiet a lot."

"RAFAELA, it helps, you have to determine the staff capacity parallel to the work demands the staff, how much staff is needed in a department, it helps with that. It's very significant."

"Well, let's hope that with this program, at least it would have become so that if you are in a bit more of a hurry in the afternoon, you will be able to find time to classify. With those digital parameters that influence in the way that we can show how much work we have and the resource, we get more staff or reduce patient places."

Furthermore, many of the informants commented on consideration means giving means of support by *encouraging* them during this complex process of transformation because the phase is more prone for *resistance and reluctance* because of individual difference in the adaptabilities. Leaders encourage the staff frequently to remind them that the change always leads to a development for them and for the institution.

"Encourage the staffs during the process, at times it is vague and does not satisfy the what for we need it, change can be demotivating and reluctance can be seen in adapting"

"The change process takes lots of energy , as leader I should encourage my staffs throughout the process"

"It is positive in fact , some betterment is expected , encourage until it fulfills"

"Change always leads to a development, we should encourage it

5.2 Leader's strengths and challenges

This theme is categorized into ***Clinical*** and ***Administrative***

5.2.1 Clinical

Under this category the evolved subcategories are *Experience, Critical thinking, Versatility Appraisal and feedbacks, Developmental discussions, Emotional intelligence, Role ambiguity, Work stressors, Complexity, Data system*

All the ward managers pointed out the fact that their *clinical experience* benefited in having a good relationship with strategies, to understand it more in a futuristic perspective. The individual clinical experience is reflected in giving feedback and personal input from the respective department they lead. Indeed, the informants considered it to be a professional strength. Besides, from the interview's leaders *critical thinking* on the benefits and occurrence of eventual undesired outcomes considers as a surplus in leadership.

"I had large staff groups in the past also, faced a lot of challenges where you have started with new units HPY for example, I was there from the very beginning and which has given me a lot of experience , now this time of transition I have this baggage out as a big plus when you end up accepting changes and supporting the staff in their daily work"

"I had quite a varied role, I changed jobs relatively often, I always liked and aimed for challenges, with one not sitting down and working in one place for many years, and the one great strength as I see it."

"I have enough experience, that's for sure, when it came to the new welfare area it's good a little less painful in fact less complex. I don't know if I'm a good leader. I know from my experience, you learn a lot. it's important that you must also have clinical

experience because we are better understood to help with the real need in the department".

"However, I've been a nurse for so long, I was in the home hospital for a while myself. here in administration its totally different, that experience helped me really."

"First you need to understand this information a little bit. and then the same way back it is important that you also have a certain knowledge. one who sees what is missing or what does not work. The critical thinking, how the strategies suits to your people"

"Critical thinking is important for a leader to endure the change and associating with the strategies from above, in fact we need to express ourselves what can benefit and what not."

Meanwhile, many of the informants perceive their *versatile* functionality during the change process because from the stipulated role they work beyond and makes effort to makes things better. Many of them vouched for the *versatile* roles they perform as a team leader and sometimes working sometimes among them as a team member whenever it is needed.

"If you are intelligent, you have a grip on everything, you know it to be certain to if you are wise enough you will have certain level of charisma, there is motivating, it belongs care, it cannot be either one characteristic, it's a totality, everything's taken in to account in certain level."

"I mean in intelligence, or intelligent leader have all the other inherent qualities."

"Well. In other words, I think that the information you give from above, the foreman's info and such, is quite good. That they now have a lot of opportunity that the ward manager may also see a slightly different job, if necessary, alternatives are more".

Although most importantly, *work appraisals and feedback are considered* as a might strength for leaders to determine the desired or undesired outcome. The informants have

a collective opinion, acknowledge this as a strength, and exists as positive denominator of productive activity. Hence the staff get a feeling of consideration whenever they complement and constructively criticize. The informants added that staffs feeling of positivity concerning the e-passi and tyky bonuses.

"It's important to give some kind of feedback, especially when it determines and expected a specific outcome".
"We can discuss together we must do that we can all endure together. for example, order and keeps refreshments and such. We had refreshments when we had a lot of corona patients on the cohort side, that one who tried few".
"I can add, very motivation or you are encouraged when they say thanks or appreciate, also a little bit of feedback, encouraging in that way. you did well and so on...."

"You make sure that the staff is feeling well Good. For the staff to receive the sum of this e-pass, I have only heard positive feedback, we still have the hat tyky as well"

"Then we have different meters as well, in the well-landed area, NPS meters there are on the intranet, where the staff can also give feedback, if hmmm"

Similarly, the sessions of individual *development discussions* help a leader to have a closer encounter with each staff to get to know about the work they perform, the capabilities, complaints, difficulties, concerns, remarks on developments so that the leaders can extent their support in an extensive way

"I think it's quite important the individual discussions because you will know or find out what a staff concerned or thinking about or any opinions about the steering wheel and development needs. What they want or what they are interested in. I think it is very important."

"You also have to be a considerate leader in today's situation due to the difficulty of getting the staff. but considerate of course within delimits so we have, you know the individual development discussions helps a lot."

Furthermore, *Emotional intelligence* is considered as a well desired quality of a considerate leader hence it resolves many complexities and helps to create a grow together feeling in the process. The informants share that it is worthwhile to think on the perspective of others to get a wider understanding of the matters. It is important in maintaining the relationship and keeping the work dynamics and to resolve conflicts.

"It is, because it's good sometimes to put yourself in someone else's emotional life and

understand things from someone else's point of view."
"Emotional skills are part of interaction."

"Emotional intelligence is really accurate, learn to recognize the emotional state of different people, sometimes in different directions to keep up the effective dynamics."

"It is important to listen and be neutral in the conflict, without knowing how to estab-

lish the matter".

"Know how to find a solution to the conflict so that the work can continue, able to

speak clearly and happily"?
"Emotional intelligent is being able to understand one's own and other's emotions".

"Emotional intelligence develops social skills such as empathy. Such a person is better able to help others in conflict situations".

"The ability to understand others is better, the ability to help others develop their own emotional intelligence is better than a person with weak emotional intelligence."

On the other hand, while concerning the challenges most of the informants have similar opinion on the *ambiguous roles* sometimes, especially leading the change process it is challenging when the leaders themselves unclear on the strategies and which role is to adapt in keeping the momentum on. The leader is obligated in rationalizing the deeds to staffs and sometimes the lack of clarity creates pressure and the *complexity* of introducing new things brings lots of challenges in the department since the directives sometimes lacks information clarifying the eventual doubts.

"Well, to be a motivating leader, so these strengths of course, you must have basic

knowledge, so you must know why, and you must also know how and understand the

goal, what it leads to, you must have a goal and you must be able to motivate, but sometimes it's unclear"

"now you know, when we are being added to the new welfare area, there was lack of many things , I wasn't known to whom I contact when there is need a help , it was difficult even though in Vaasa municipal area before was well familiar and very much aware of the right contact persons"

"it's demanding that I have numerous responsibilities, a lot of responsibility in staff maintenance and quality care provision to the patients .... and then also if there are any conflicts so that you must work on it, you have to finish."

"It's a riddle, no such quick fixes ...! and directly impacts everyone who associated with it."

"If you are unsure yourself as a leader or if you are not really on the same line, if you think that change is not necessarily good, then I think you cannot be completely tied into the actual goals because you knew it there are goals for yourself which you are worth striving for rather than seeing the goals in the long run."

"Introducing new things to the workforce is often troublesome."

"The instructions of the new organization, unclear and figuring out and bringing the new one into the working life is a struggle."

Also most importantly, the staff management is the most challenging nowadays because of lack of *staff resources* when it hits corona and healthcare transition happened the same time the peak of pressure was indescribable for the leaders as well as for the staffs in the perspective of both physical and mental *work stressors*. Despite of all this, the leaders have shown their maximum effort to keep the staffs work acknowledged and without compromising the quality of care

"It's enough that an important thing and a difficult thing at the same time because I don't know if it's due to, maybe this corona on the department, we had a lot of exhaustion on the staff and plenty of sick leaves. It's very hard to keep the staff physically fit, it's been a problem".

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"We also have pressure .because we have to take care of the patient more, you should reserve patient places. We didn't reduce either. But we didn't have isolation places".

"I have to say that, physical well-being has become worse for those who came from as a part of fusion because we have indoor problems, so it affects it ..then it had to reach the entire staff, err most of the time it was very, very bad before Christmas"

"Workload, learning new things, working with different people are Often challenging".

5.2.2 Administrative

Under this category the evolved subcategories are *Experience, Staff movements. Resource management, Economy, Time management, Sick leaves*

In the administrative strengths the informants think positively on the *staff movement* in between the welfare area, the formalities of staff movement has rectified as it enables free *movement for the staff* to choose a different department upon open spaces and demands in fact it created a unified approach in staffs in this fusion process. The leaders administrative experience helped in maintain the tasks foreseeing the collective betterment of the department.

I think what positive here is, it's easier for employers to move around the whole area. it's a big, broader so it's easier to get a job.
"It's hassle free nowadays for a staff to seek jobs in the other departments, I mean no such formalities are needed for a staff shifting to the other departments. Its very positive thing for staffs in that perspective"
"But I don't know its benefits here because the staff flow does not happen from central hospital to here."

"I had large staff groups in the past also, faced a lot of challenges where you have started with new units #### for example, I was there from the very beginning and which has given me a lot of experience , now this time of transition I have this baggage out as

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a big plus when you end up accepting changes and supporting the staff in their daily work"

"I had quite a varied role, I changed jobs relatively often, I always liked and aimed for challenges, with one not sitting down and working in one place for many years, and the one great strength as I see it"

"I have enough experience, that's for sure, when it came to the new welfare area it's good a little less painful in fact less complex. I don't know if I'm a good leader. I know from my experience; you learn a lot. it's important that you must also have clinical experience because we are better understood to help with the real need in the department".

"However, I've been a nurse for so long, I was in the home hospital for a while myself. here in administration its totally different, that experience helped me really."

Meanwhile, concerning the challenges in the administration, the *lack of professional resources* exists as a universal challenge hence the competent staffs are being hired to the other Nordic countries with marginal difference in the pay scale. Indeed, it is a threat nowadays and the system is left out with a staff retaining measures and which gives an enormous challenge in leaders in allocating competent staff for providing quality care

"The challenge is to do the right things at the right moment, finding the enough staff resources, which enables change to progress now and in the future".
"Change requires resources and, for example, often also competence development. The ability to assess this is an essential part of change."
"Shortage of nurses. that's a big problem. a big problem. then I think that the work will be very messy when the overseas company's grabs professionals giving them comparatively higher wages. like from Norway and Sweden., We don't get permanent workers anymore. that's also a real shame. it will be turn difficult in the future unless you preserve the staffs somehow".

Additionally, some of the informants has an opinion on the *budgeting, economic aspects* mentioning the saving scheme and scarcity of care products often arises as problematic and the staff intimates the leaders in such needful to inform the superiors for such

demands. Besides, unrealistic demands and *economy* are always challenging especially during the critical times like corona.

"Unrealistic demands, changing the truth and weak economy, as well as the indifference of senior management, i.e., everything that weakens the success of the change process"

"Now the budget is being equally spread out to various areas and which is being utilized also for the staff welfare sufficiently".

"I will make sure that we have the enough supplies, materials for the proper functioning, during the corona time it was much demanding but however"

Also, while concerning the patient data handling the informants have an unified opinion regarding the necessity of a common *patient data system* in terms of accessibility and efficient functioning because it would have been error free and hassle free if a common data handling system introduced like Esko since the staffs are required to use many data system to fetch the enough data and sometimes it is troublesome.

"The negative things I see, the data system not yet competent, may be just as of now"

"Yes, absolutely, it should help, because we have a lot of problems getting into the patient data system, the patient data program sometimes doesn't work and, you can't see patient information and there is a big risk that you miss something because you don't know what will search and yes that it must get a comprehensive data system, I think it will remove a lot of problems"

"Hmm just that, there's a lot more going on, this organization change that's still ongoing. because now I think like a little big, because that day we have a common computer system. Now I think I am a bit good for the patient and for the staff. now we have a few different data systems".

"Common data system would reduce the complexity of accessing the patient info, you know its different place to place. if it's common, that's for sure becomes more efficient."

Furthermore, all the informants have mentioned lack of *wage harmony* even after transformation the bigger welfare area. It is an unresolved yet critical issue at the same time they are hoping for positive signs of harmonizing the salary within no time soon. Also, wage management is not functioning as expected, which left lots of complaints during the transition phases.

"But I say again that salary harmonization, it should be good to keep it together. It benefits their well-being because some municipalities have higher salaries."
"Meanwhile the negative side is salary payment, it's sad that people are not paid accordingly, lots of errors happening the salary department, especially for the seasonal workers, students, pensioners. because the right wage is important. and everyone needs money. Most of the holiday bonuses are not paid. Hopefully it will get fixed."

"Salary program does not work with, crash hopes sometimes.,
"Wage harmonizing is the optimal way to keep the staff here, else we cannot assure if we can keep them stay."

5.3 Summary of the results

In this chapter, the study results are interpreted to the theoretical background to justify the findings in relation to the aim and research questions. The study conducted aiming the explorative perspective to identify the nursing leader's role concerning the reform process. Also, the strengths and challenges of each role preferred. The results identify justifying the aim and research questions and validate the close relation to the theoretical background.

The results shows that the reform process is challenging, and leaders adapts a comprehensive approach in dealing with a transformation as the study background validates

transformational leadership is paved with the mutually synchronizing qualities like influence, intelligence, motivation, and consideration. Moreover, in a broad perspective the change is complex as the leadership challenge as explained in the exemplary leadership theory (Kouzes & Posner, 2006)

Firstly, the role of the influential leader encompasses envisioning the goals of the change process as (Hayashida et al. 2019) emphasizes the leaders influence primarily requires the insightful actions based on the organizations vision. The leaders are crucial associates in strategical planning as they influence others to act in change irrespective of minor or major change. (Fagerström 2021). Besides, the leaders are facilitators of positive change by giving clarity in every step they take (marquis, 2010).

Secondly, the role of intellectual leaders as cumulative clinical and administrative activities as this study acknowledges vital qualities like knowledge and authority in leading the fusion process. Leaders are being proactive using the holistic knowledge from the work experiences, helping evaluate the need for change and evaluation and eventually creating the required commitment and participation. (Germain et al.2010).

Thirdly, the study encounters the motivational role of leader as the leaders have varied role communication, identifying own role in the change process, taking responsibilities and maintaining a greater self-awareness as the background says the leaders roles are motivating, managing, assisting and communicating with cultural congruence in order to make the employee perceive that the change is inevitable(Fagerström 2021). The leaders are the prime end of intrinsic motivation to make the staff feel of stature and identify everyone's role being a part of change. (Marquis; 2010)

Finally, the study shows that the roles of a considerate leader during the change process concerned on the wellbeing of the staffs and incorporating all resources in development, positive change and encouraging the staffs to adapt with the complexity of the change. These points validate the background theory of Kouzes and Posner exemplary leadership in accomplishing the encourage the heart, empowerment by learning and updating new possibilities and proper work integration (Caldwell et al. 2015)

Meanwhile, understanding the strengths and challenges, this study identified the responsible area of clinical management and administration. In clinical management, Critical thinking is integral in leading a change process in foreseeing the benefits and limiting factors The critical thinking of nursing leaders reflects in cohesiveness among the staff, conflict management and implementation of the change strategies (Germain et al.2010). Moreover, the emotional intelligence was evolved as most desirable attribute in change hence it rectifies many conflicts and ambiguity associated in enabling the change as per (downing et al 2020) states the emotional intelligence of leaders creates a constructive interaction in leadership and teamworking perspective. Additionally, giving appraisals and feedback recognized as a strength in development as (Kouzes & Posner, 2010) emphasizes the staff output is exceptionally phenomenal when they considered, appreciated, and getting rewarded. Whereas in strengths and challenges in administration the study encounters the advantage of leader's experience, the free movement of staff inside the welfare area are evolved as strengths, while incompetence of the data system support, wage and economy found as weaker side associated with change process.

DISCUSSION

This chapter includes the discussion of the results, limitations, and opportunities for future research.

5.4 Discussion on results

The process of change is never an easy task, it affects every individual associated with the system. The change requires lots of incorporation, understanding, perseverance to endure it. The clarity evolves gradually during the process from the initial, trial run period and towards the further consolidated phase. The role of leaders is very vital in establishing a change which is yet challenging, giving a rationale towards the change to the group members who are associated with the change. The participants responded mostly the positive sides rather than the challenges and unclear sides of the ongoing process.

According to Fagerström 2021, transformational leadership is all about establishing good relationships and development by enabling utmost participation, collaboration, and mutual support in work performance. All the interviewed leaders have given an impression as they have the attributes of a transformational leader as they motivate, influence, consider and being an intellectual support behind the vision. Moreover, they actively practice exemplary leadership in implementing the change. (Kouzes & Posner, 2010)

While concerning the result of the study the transformational leadership with an outlook on the 6 types of working traits mentioned in Lencioni, 2022 will certainly rectifies the conflicts, increased productivity and leaders understanding on the work force while dealing with a change especially in the reform process. (Lencioni 2022) states the solutions confronting a frustrating and complex work in leadership creating a simple assessment to determine the type of working trait in every individual who works in an organization. Lencioni 2022 identifies 6 traits or named as 6 geniuses in the workforce. Based on this assessment the group *genius of wonder* sees the potential in every opportunity, they are considerate and find best way to perform in responding towards a need. The group *genius of invention* perceives ideas in every new situation, they create an alternate solution when needed. The leaders must give them freedom to act for this kind of productive group. Meanwhile the group *genius of discernment* analysis the extent of progression or regression in meeting a particular goal , the leaders must trust the intuitive actions and gut feeling of them .The group *genius of galvanizing* are the motivators or the internal collaborators of a goal whereas the group *genius of enablement* are the most benevolent trait in the workforce as they helps unconditionally, a leader should protect them from getting a burnout for seeing the behavioral peculiarities . Also, the group *genius of tenacity* is the group in the work force who makes effort to complete the task within the desired time.

As far as nursing care and transformational leadership is concerned, understanding the 6 types of working traits would be an added advantage in confronting a change process and maintaining the workforce to implement the vision of the organization.

5.5 Limitations and opportunities of future research

The study's major impact is that it meets the current roles, strengths, and challenges of a nursing leader in leading a change process within the Ostrobothnia healthcare reform process. This study must be looked at from the perspective of an ongoing process. In the future perspective it would be beneficial to conduct a follow up study or an upcoming study as a next step, which requires lots of consultation to the other hospitals or it may extend to various parts of Finland to get a wider and concrete understanding in this research area. Additionally, in future research, it would be worth conducting a mixed method study on the positive lessons learned during the reform in nursing leaders and staff's perspectives conducting survey and focus group interviews. Similarly, it would also be worth conducting a comparative study regarding leadership in reforms comparing the reforms of different welfare areas or any other place in Scandinavia.

One of the limitations of this study is the small sample, hence the data is yielded from the respondents of one hospital. It could have been a bit of a broader specimen, for instance integrating leaders from the different institutions to acquire larger data. as (Gundumogula, M., 2020) states focus group interviews on healthcare research yield broader data and probing opportunities than conducting semi structured interview. Besides a focus group method would have been given a bit more deeper insights in revealing the attitudes and opinions for the research concerning transformation (Tritter;2020). The second limitation was the language preferences conducting interviews since became a hassle in collecting the broader data, as (Kakkila, 2021) emphasizes potential data loss occurs in language barriers and limiting the probing chance of written interviews. Furthermore, scheduled time for the interviews have changed multiple times due to some unexpected matters, also could not fetch the data from a respondent who was moved to another place. Moreover, this study does not identify the exact role of nursing leaders in transformation hence the reform is still ongoing, it limited the responses to an extent of uncertainty at times even though I have lot of information from the interviews.

REFERENCES

Ajanaku, O. J. & Lubbe, W. 2021. Applying Transformational Leadership in Nursing through the Lens of Kouzes and Posner Leadership Practices. *Gender & behaviour, 19*(2), pp. 17788-17794. doi:10.10520/ejc-genbeh_v19_n2_a7

Alloubani, A., Akhu-Zaheya, L., Abdelhafiz, I. M. & Almatari, M. 2019. Leadership styles' influence on the quality of nursing care. *International journal of health care quality assurance, 32*(6), pp. 1022-1033. doi:10.1108/IJHCQA-06-2018-0138

Angeli, F. and Maarse, H., 2012. Mergers and acquisitions in Western European health care: Exploring the role of financial services organizations. *Health policy*, *105*(2-3), pp.265-272.

Bryman, A. 2012. *Social research methods*. 3rd ed. Oxford: Oxford University Press.

Collins, E., Owen, P., Digan, J. and Dunn, F., 2020. Applying transformational leadership in nursing practice. *Nurs Stand*, *35*(5), pp.59-66.

Creswell, J. W. & Creswell, J. D. 2018. Research design: Qualitative, quantitative, and mixed methods approach. Fifth edition. Los Angeles: SAGE.

Downing, C., Breed, M. & Ally, H. 2020. Factors influencing motivation of nurse leaders in a private hospital group in Gauteng, South Africa: A quantitative study. *Curationis (Pretoria), 43*(1), pp. 1-9. doi:10.4102/curationis.v43i1.2011

Elo, S. and Kyngäs, H., 2008. The qualitative content analysis process. *Journal of advanced nursing*, *62*(1), pp.107-115.

Fischer, S.A., 2016. Transformational leadership in nursing: a concept analysis. *Journal of advanced nursing*, *72*(11), pp.2644-2653.

https://vm.fi/en/health-social-services-reform

Germain, Pamela & Cummings, Greta. (2010). The influence of nursing leadership on nurse performance: A systematic literature review. Journal of nursing management. 18. 425-39. 10.1111/j.1365-2834.2010.01100.x.

Gundumogula, M., 2020. Importance of focus groups in qualitative research. *The International Journal of Humanities & Social Studies*, *8*(11).

Kakilla, C., 2021. Strengths and weaknesses of semi-structured Interviews in Qualitative research: A critical essay.

Keskimaki, I., Tynkkynen, L.K., Reissell, E., Koivusalo, M., Syrja, V., Vuorenkoski, L., Rechel, B. and Karanikolos, M., 2019. Finland: Health System Review. *Health systems in transition*, *21*(2), pp.1-166.

Krug, J. A. 2008. *Mergers and acquisitions*. Thousand Oaks, CA: SAGE Publications. https://www.tenk.fi/sites/tenk.fi/files/EthicalEvaluationofResearchinFinland.pdf

Kouzes, J.M. and Posner, B.Z., 2006. *The leadership challenge* (Vol. 3). John Wiley & Sons.

Kouzes, J. M. & Posner, B. Z. 2017. *The leadership challenge workbook*. 3rd edition revised. San Francisco, CA: The Leadership Challenge, A Wiley Brand.

Krepia, V., Katsaragakis, S., Kaitelidou, D. and Prezerakos, P., 2018. Transformational leadership and its evolution in nursing. *Progress in Health Sciences*, *8*, pp.185-190.

Marshall, Marshall, E. S. & Marshall, E. 2010. *Transformational leadership in nursing: From expert clinician to influential leader*. New York: Springer Publishing Company.

Lencioni, P. 2022. *The 6 types of working genius: A better way to understand your gifts, your frustrations, and your team*. Dallas, TX: Matt Holt Books, an imprint of BenBella Books, Inc.

Lega, F., 2005. Strategies for multi-hospital networks: a framework. *Health Services Management Research*, *18*(2), pp.86-99.

Marquis, Bessie L., and Carol Jorgensen Huston. *Leadership Roles and Management Functions in Nursing: Theory and Application*. 7th Edition. Wolters Kluwer Health/Lippincott Williams & Wilkins, 2010.

Magaldi, D. and Berler, M., 2020. Semi-structured interviews. *Encyclopedia of personality and individual differences*, pp.4825-4830.

Mansel, B. & Einion, A. 2019. 'It's the relationship you develop with them': Emotional intelligence in nurse leadership. A qualitative study. *British journal of nursing (Mark Allen Publishing), 28*(21), pp. 1400-1408. doi:10.12968/bjon.2019.28.21.1400

Butler, J. 2021. Emotional Intelligence in Nursing Leadership. *Australian nursing & midwifery journal, 27*(5), p. 18.

Moura, A. A. d., Hayashida, K. Y., Bernardes, A., Zanetti, A. C. B. & Gabriel, C. S. 2019. Charismatic leadership among nursing professionals: An integrative review. *Revista Brasileira de Enfermagem, 72*(suppl 1), pp. 315-320. doi:10.1590/0034-7167-2017-0743

Northouse, P.G., 2021. *Leadership: Theory and practice*. Sage publications. Bg leadership

Nielsen, Karina & Randall, Raymond & Yarker, Jo & Brenner, Sten-Olof. (2008). The effects of transformational leadership on followers' perceived work characteristics and psychological well-being: A longitudinal study. Work and Stress - WORK STRESS. 22. 16-32. 10.1080/02678370801979430

Pandey, P. and Pandey, M.M., 2021. Research methodology tools and techniques. Bridge Center.

Saltman, Richard B., and Juha Teperi. "Health reform in Finland: current proposals and unresolved challenges." *Health Economics, Policy and Law* 11, no. 3 (2016): 303-319.

Sims Jr, H.P., Faraj, S. and Yun, S., 2009. When should a leader be directive or empowering? How to develop your own situational theory of leadership. *Business Horizons*, *52*(2), pp.149-158.

Susilo, Donny. (2018). TRANSFORMATIONAL LEADERSHIP: A STYLE OF MOTIVATING EMPLOYEES. Management and Economics Journal (MEC-J). 124. 10.18860/mec-j.v0i1.5222.

Suwaidi, F.H., 2022. Emotionally Intelligent among Nurses and Nursing Managers: An Integrative Review. *Open Journal of Nursing*, *12*(10), pp.643-649.

Hughes, R., Meadows, M.T. and Begley, R., 2022. AONL Nurse Leader Competencies: Core Competencies for Nurse Leadership. *Nurse Leader*, *20*(5), pp.437-443.

Takala, T. and Häyry, M., 2019. Research ethics and justice: The case of Finland. *Cambridge Quarterly of Healthcare Ethics*, *28*(3), pp.551-576.

https://www.arene.fi/wp-content/uploads/Raportit/2020/ETHICAL%20RECOMMEN-DATIONS%20FOR%20THESIS%20WRITING%20AT%20UNIVERSI-TIES%20OF%20APPLIED%20SCIENCES_2020.pdf?_t=1578480382

Terveydenhuoltolaki 2010. Finlex.. Online document. https://www.finlex.fi/fi/laki/ajantasa/2010/20101326. Read 29.11.22.

Terveyspalvelut 2018. Sosiaali- ja terveysministeriö. Online document. Read 29.11.23

https://osterbottensvalfard.fi/om-oss/organisation-och-beslutsfattande/strategi-och-var-deringar/

Tritter, J.Q. and Landstad, B.J., 2020. Focus groups. *Qualitative research in health care*, pp.57-66.

Vesterinen, Soili & Suhonen, Marjo & Isola, Arja & Paasivaara, Leena. (2012). Nurse Managers' Leadership Styles in Finland. Nursing research and practice. 2012. 605379. 10.1155/2012/605379.

Vasset, Frøydis & Fagerstrøm, Lisbeth & Frilund, Marianne. (2021). Sustainable Nursing Leadership in Nordic Health Care Organizations. Scandinavian Journal of Caring Sciences. 14. 2-1527.

Wheeler, K. and Beaman, M., 2018. The effects of a transformational nursing leadership program on perceived leader behavior. *J Nurs Healthcare Managers [Internet]*, *1*(1).

https://www.vaasankeskussairaala.fi/globalassets/hallinnon-tiedostot/forvaltning_hallinto/styrelseprotokoll/2021/bilagor-hyky-24052021.pdf

Williams, D.R. and Spaulding, T.J., 2018. An empirical study of the determinants of location of hospital mergers and acquisitions: 1997-2016. *Journal of health care finance*.

Xu, Feng & Caldwell, Cam & Glasper, Kevin & Guevara, Leiry. (2015). Leadership roles and transformative duties - preliminary research. Journal of Management Development. 34. 1061-1072. 10.1108/JMD-12-2014-0156.

APPENDICES

Appendices 1: Informed consents to the interviewees

Hello!

My name is Jobin Jose Lanithottam, registered nurse and studying leadership for Nordic healthcare in Arcada University of applied sciences. Now I am in the final stage of my studies and writing my thesis.

The topic of my thesis is "Nursing leader's transformative role in the Ostrobothnia welfare area mergers and acquisitions". This study intends to address the role of nursing leaders during the Ostrobothnia healthcare centralization.

The research questions are

1) Which transformative *role* do nurse leaders/managers prefer when leading in merging

processes?

2) What are the challenges and strengths for each *role* chosen during the change process?

Moreover, the study explores the positive lessons learned during the process of transformation. I have chosen this study since I have personally encountered the activities of different nursing leaders/ managers, working as staff in hospital resource department and I realized the important work they perform during the change process.

I therefore wish that you would like to participate in a personal interview, which takes around 30-45 minutes or request a written questionnaire response (as per the individual convenience). The interview is voluntary and could be discontinued at any time without the need of a reason.

It is a semi -structured interview, it means the informants will be asked open ended question based on research questions and associated sub questions will also be added as a follow up to get the idea of the question to be clear and to get a detailed answer if needed. The answers will be later analyzed to get an overall result and represented later in themes and subthemes. There is no right or wrong in answers and the interviewees have complete freedom to give opinions, sharing experiences, ideas, suggestions and so on. I guarantee the complete anonymity of the respondent's anonymity, the answers will be confidential, the voice record will be deleted after the transcription and analysis. No prior preparation is needed hence it is expected induvial perspective and spontaneous answers.

Your feedback is important, and I appreciate spending your valuable time answering my interview and helps me with the studies.If you have questions about the survey or interview, please contact me on phone xxxxxxxxxx or via e-mail xxxxxxxxxxxxxx

Sincerely,

Jobin Jose Lanithottam

Appendices 2: Interview Guide: Ward managers

TOPIC ROLES	SUB-TOPIC	QUESTIONS
1. **Influential/Charismatic Leader**	Inspirational motiva-tion Vision Accessibility communication	• How can someone become an influential leader? • How do you keep yourself accessible to the staff whom you lead? • How do you see the change as a leader? • What is your commitment in influencing staff during the change? • What is the role of you when the change is initiated? • Which leadership qualities can bring a positive change? • What are the strengths and challenges of being this role?
2. **Intellectual Leader**	Teamwork Professional ethics Decision making	• What is like to be an intelligent leader? • How important is intelligence in leadership according to you? • How can you emotionally intelligent in resolving conflicts? • What are the strengths and challenges of having this role? • How are the important decisions made during the hyky change? How it has been conveyed to others?
3. **Motivational Leader**	Planning Incident reports Preparedness Monitoring	• As a leader how can you motivate the staff? • What are the strengths and challenges of having this role? • What motivates and demotivates according to you? • What are the strengths and challenges of being this role?
4. **Considerate Leader**	Physical and mental wellbeing Feedback and appraisal initiatives Individual Develop-mental discussions	• How the physical and mental wellbeing of the staffs maintained? • What is challenging in this perspective? • How do you give feedback? Do you think that is important? • What are the strengths and challenges of being this role?
5. **Challenges**	Self-awareness Transparency Conflict management Resource management	• Does resistance to change occur often and how does it manifest? • How do you manage conflicts and disputes when it comes to many changes? • What ways are there to help employees implement change?

Interview guide for the Nursing managers.

- How do you see change as a leader?
- How do you experience change processes?
- What do you do as a leader when change is initiated?
- How do you experience your own commitment to change?
- Can you compare how the staff welfare is maintained before and after the change process?
- Can you give a brief about the type of leader in you? What is important for a leader, especially managing circumstances like organizational change?
- What were the challenges according to you during the change process? is there any suggestive recommendations to overcome the challenges?
- What positive lessons are acknowledged during the organizational change which can benefit in the patient care and employee welfare?