LAUREA
UNIVERSITY OF APPLIED SCIENCES
Together we are stronger

Leadership and its supporting role in work well-being at a home hospital

Tenlenius-Maurola, Nina

2015 Otaniemi

Laurea University of Applied Sciences
Otaniemi

Leadership and its supporting role in work well-being at a home hospital

Nina Tenlenius-Maurola
Degree Programme in
Health Promotion
Master's Thesis
March, 2015

Laurea University of Applied Sciences
Otaniemi
Degree Programme in Health Promotion

Abstract

Nina Tenlenius-Maurola

Leadership and its supporting role in work well-being at a home hospital

Year 2015 Pages 67

The health care field has challenging times ahead. The huge shortage of manpower predicted to face the health care field in the upcoming years forces us to evaluate leadership in the public sector with new intensity, and invest in work well-being more than ever before. The retiring workforce, decrease in younger age groups and the decline in the attractiveness of nursing results in a diminution of 20 000 – 60 000 health care employees within the next ten years. However, the challenging economic situation makes this hardly an accurate employment figure. In addition to the ongoing reforms and the growing complexity of nursing adds extra burden to nurses. The work well-being of nurses becomes increasingly important.

The home hospital this research concerns has a challenging situation with lack of leadership. The nurse manager has two other home hospitals to lead and the role of the assistant nurse manager is unclear. The purpose of this Master's thesis was to clarify the nurse manager's and the assistant nurse manager's role as leaders and gather information about their connection to work well-being. The data was collected with theme interviews (N=4), which were conducted during November 2014. The interviewees work as registered nurses in a home hospital. The data was analyzed inductively using qualitative content analysis.

The findings indicated that there is confusion and duplication in the roles of the nurse manager and the assistant nurse manager. The roles need to be clarified and clear framework established. Leadership needs to be renewed to meet the nurses' need for support, for it has an important role in adding work well-being through firm leadership and clear structures. The focus and emphasis should be on better communication and information sharing in order to add work well-being. Work well-being is a subjective matter and hence discussion is the only way to affect it. Work well-being consists of nurses' autonomy, strong and supporting leadership, genuine and open discussion between colleagues, and personnel and managers. In order to increase support, time needs to be made for it and the presence of one of the managers in home hospital is mandatory. During the research process a realization about the main problem was accomplished. There is more than enough uniform knowledge from research about the challenges facing the health care field regarding leadership and work well-being. The alarming observation was that no actions in order to implement or embed the knowledge have been taken or even started to take. It is needless to say that implementing the already known has to become a priority, before conducting more research.

Keywords: leadership, a nurse manager's role, an assistant nurse manager's role, work well-being

Laurea-ammattikorkeakoulu **Tiivistelmä**
Otaniemi
Degree Programme in Health Promotion

Nina Tenlenius-Maurola

Henkilöstöjohtaminen ja sen tukeva rooli työhyvinvoinnissa kotisairaalassa

Vuosi 2015 Sivumäärä 67

Terveydenhuoltoa lähivuosina uhkaava työvoimapula pakottaa meidät arvioimaan henkilöstöjohtamista uudella intensiteetillä ja panostamaan työhyvinvointiin julkisella sektorilla enemmän kuin koskaan aiemmin. Suurin syy ennustettuun 20 000 – 60 000 terveydenhuollon työntekijän vähentymiseen löytyy hoitohenkilökunnan eläköitymisestä, mutta syinä nähdään myös nuorten ikäluokkien määrällinen väheneminen ja hoitotyön vetovoimaisuuden heikentyminen. Avoimia työpaikkoja tuskin kuitenkaan syntyy samassa suhteessa Suomessa vallitsevan haastavan taloustilanteen vuoksi. Lisäksi jatkuvat terveydenhuoltoa koskevat uudistukset sekä koko ajan haastavammaksi muuttuva hoitotyö lisäävät entisestään hoitajien työtaakkaa tulevan kymmmenen vuoden aikana. Hoitajien työhyvinvoinnin ylläpito ja lisääminen tulee entistä tärkeämmäksi.

Tutkimukseen osallistuvassa kotisairaalassa on haastava tilanne henkilöstöjohtamisen suhteen. Osastonhoitajalla on kaksi muuta kotisairaalaa johdettavana ja apulaisosastonhoitajan rooli on epäselvä. Tutkimuksen tarkoitus oli selventää osastonhoitajan ja apulaisosastonhoitajan työtä henkilöstöjohtajina ja kerätä tietoa johtamisen yhteydestä työhyvinvointiin eräässä kotisairaalassa etelä-Suomessa. Materiaali kerättiin teemahaastatteluilla (N=4) marraskuun 2014 aikana. Haastatellut työskentelevät sairaanhoitajina kotisairaalassa. Tutkimus on laadullinen ja materiaali analysoitiin induktiivisesti sisällönanalyysiä käyttäen.

Tulokset osoittivat osastonhoitajan ja apulaisosastonhoitajan rooleissa olevan päällekkäisyyksiä ja epäselvyyksiä. Roolit vaativat selkiyttämistä ja tarkat raamit rooleille on luotava. Johtajuus täytyy uudistaa vastaamaan sairaanhoitajien tuen tarvetta, koska sillä on tärkeä rooli työhyvinvoinnin lisääjänä, jämäkän johtajuuden ja selkeiden sääntöjen kautta. Henkilöstöjohtajuuden kehittämisen tärkeimmät alueet ovat kommunikaation ja tiedonkulun lisäämisessä. Työhyvinvointi on subjektiivinen käsite ja siten ainut tapa edistää sitä on keskustelun ja vuorovaikutuksen kautta. Työhyvinvointi koostuu hoitajien autonomiasta, vahvasta ja tukevasta johtamisesta, aidosta ja avoimesta vuorovaikutuksesta kollegoiden sekä sairaanhoitajien ja esimiesten kesken. Jotta osastonhoitaja tai apulaisosastonhoitaja pystyy tukemaan hoitajaa ja parempaa vuorovaikutusta voi syntyä, tarvitaan tähän aikaa työn keskellä ja jommankumman esimiehen päivittäistä läsnäoloa. Tutkimusta tehtäessä ilmeni huomio suurimmasta ongelmasta. Tutkimusta terveydenhuoltoa kohtaavista haasteista johtajuuteen ja työhyvinvointiin liittyen on tehty enemmän kuin tarpeeksi. Tulokset ovat myös äärimmäisen konsensuksessa. Hälyttävää on, ettei tätä tietoa ole edes aloitettu viemään käytännön tasolle hoitotyöhön. Sanomattakin on selvää, että olemassa oleva tieto täytyy implementoida käytäntöön, ennen kuin uusia tutkimuksia kannattaa tehdä.

Keywords: johtajuus, osastonhoitajan rooli, apulaisosastonhoitajan rooli, työhyvinvointi

Table of Contents

1 Introduction 6

2 Theoretical framework 9
2.1 Defining leadership 9
2.2 The breakdown of the leadership paradigm 10
2.3 The development of the leadership paradigm 13
2.4 Self-leadership 15
2.5 Leadership in the health care 17
2.5.1 A nurse manager´s role in general and in the home hospital 20
2.5.2 An assistant nurse manager´s role in general and in the home hospital 21
2.6 Defining work well-being and related topics 22
2.6.1 Motivation 25
2.6.2 Open communication 28
2.6.3 Characteristics of the Magnet hospital 29
2.7 Intelligent leadership in an intelligent organization 30

3 The purpose of the thesis and research questions 32

4 Methodological background 33
4.1 Qualitative study design 33
4.2 Data collection 34
4.3 Data analysis 35

5 Findings 37
5.1 The roles of the nurse manager and the assistant nurse manager in the home hospital 37
5.2 Other emerged issues from leadership 39
5.2.1 Organizational goals 39
5.2.2 Thoughts for the nurse manager and the assistant nurse manager 40
5.2.3 Nurse´s professional development 42
5.3 Definitions and thoughts of work well-being 42
5.4 The supporting role of leadership in work well-being 46

6 Discussion 48
6.1 Ethical issues 48
6.2 Trustworthiness 48
6.3 Discussion on findings 49
6.4 Future findings 53

References 56
Figures 62
Appendices 63

1 INTRODUCTION

The approach for this thesis has its foundation in two different point of views.
Firstly, the general situation in the field of health care and secondly, the current situation in one Home Hospital in Southern Finland.

Health care is facing a vast shortage of manpower within ten years, due to a variety of reasons. The 'baby boomers' (born 1946 – 1964) are aging and retiring and there is a decrease in younger age groups resulting in overall fewer workers. Also, the deterioration in the attractiveness of the nursing field and the expansion of registered nurses' job description through ongoingly developing nursing technology affect the employment. Some sources predict that the shortage of employees is going to be 20 000 – 60 000 in the health care field in Finland. However, the numbers are hardly accurate as an employment figure: due to the challenging economic situation, hospitals and organizations are not replacing all retiring staff with new employees. (Ranta & Tilander 2014, 47 – 48, 62.)

The burden to the employee increases and sets significant requirements for organizations and work well-being. According to the Working life -barometer conducted in 2012, over 70 percent of employees in health care experienced mental stress. The Nurse Forecasting in Europe (RN4CAST) -study (conducted in twelve European countries) reveals that half of the working registered nurses in Finland are unsatisfied with their current workplaces. Finnish nurses shared the worst results with Greece. However, 50 percent would continue working in another hospital, 25 percent in some other health care position, and only 20 percent would leave the health care industry entirely. The findings were somewhat conflicting and the explanation was sought rather from the disappointment in one's own workplace than from the disappointment towards the whole field. When a huge amount of expertise and knowledge is lost in a short period of time, it can create problems with safety and functionality. Major challenges await leadership in maintaining and enhancing competence, and keeping the staff motivated and committed. (Aiken et al. 2012; Kanste 2005, 22; Ranta & Tilander 2014, 49 – 50, 90; Sherman, Chiang-Hanisko & Koszalinski 2013, 899; Viitala 2004, 10.)

According to the latest studies in Finland, 26 - 37 percent of young registered nurses are considering a career change. The reasons for young RNs (registered nurses) leaving are work related stress, weak support from colleagues, insufficient orientation, poor leadership, encountering cynicism, ethical problems, and low wages. (Flinkman 2014, 78, 86, 94.) RNs consider up to one year, before changing career (Ranta & Tilander 2014, 56).

One of solution to the shortage of employees has been recruiting nurses from the Philippines, Poland and Spain. A study made in 2010 reveals that three times more Finnish registered nurses were working abroad than foreign nationals as nurses in Finland. A total of 615 foreign nationals were working as registered nurses, public health nurses or midwives, and 1610 nurses of other than of Finnish origin were working as RNs in Finland in 2010. (Ailasmaa 2013, 31, 35; Rinta & Tilander 2014 , 48.)

Securing the supply of competent and motivated workforce, reinforcing the working life quality and work well-being are the most important tasks ahead of us. (Ihalainen 2014.) These challenges have been acknowledged, and sections of KASTE (social and health care's national development program 2008-2011) addressed this with their 'effectiveness and attractiveness to nursing, quality of nursing and work well-being with the help of leadership' -publication. It stated that the personnel is the strategic resource of the social and health care field and a central factor in performance and success. Renewal of leadership and practises is essential in order to guarantee the quality and safety of nursing, the motivation and work well-being of employees, and to support the enhancement of development processes. Standardizing practices, exploiting tacit knowledge, strengthening personnel's know-how and adding participation and the ability to influence the work, have a positive impact not only on the atmosphere at work but on the interaction between personnel and managers of health care and on overall working conditions. This is called shared governance, and it is succesfully used in magnet hospitals. (Ministry of social affairs and health 2009, 11, 15, 31, 34.)

The expectations of employees and organizations in health care have long been in odds with each other. There is a radical need for a change of attitude. (Vuori 2005, 360.) According to Buchan & Aiken, *there is not a shortage of nurses, rather a shortage of good working environments where nurses want to work* (Ranta & Tilander 2014, 58).

Working life is constantly becoming more fast-paced as job satisfaction remains low. The possibility to have an impact on one's own work (the division of labor, the pace of work and tasks) is essential in terms of coping with the work. Work well-being is a key element in job satisfaction, and therefore a culture of participation and ongoing evaluation of work well-being are needed. The worker shortage in health care has brought about the need for the reorganization of duties and the development of communication skills in the workplace. (Järviniemi 2012, 19, 23; Kvist, Mäntynen & Vehviläinen-Julkunen 2013, 1, 7; Lyly-Yrjänäinen 2014, 25, 37, 41, 52.) According to a study conducted in a hospital in the Netherlands the dissatisfaction of nurses emerges from lack of pay, benefits, job satisfaction, social support, good management and leadership. The study stated that if these factors are not intervened with, the result can be an alarming 'war of talent'. (Homburg, Van Der Heijden & Valkenburg 2013, 822 – 823.)

The patient material in thehome hospital over the last couple of years has increasingly changed from simple infections care to more challenging palliative care. Overall, it seems the patients suffer from more complex and more numerous diseases than previously, or they are just discharged sooner from hospitals and treated at home. In addition to previous facts, the recent reforms and changes occuring ongoingly in the field of health care add extra burden on nurses (Ranta & Tilander 2014, 178). With increased challenges the need for supportive leadership arises in order to sustain and enhance work well-being. This was predicted years ago, when recessive leader characteristics were considered to be detailed instructions, commands and control, replaced with flexibility, participatory management and an ability to engage in genuine dialogue. However, the employer can never alone be responsible for the well-being of the staff, but promote it. Only a healthy and thriving staff can guarantee the success of an organization in these challenging times. (Viitala 2004, 99 – 100, 290.)

The goal of this thesis is to raise awareness of the status of leadership at the home hospital and underline the relevance of dealing with work well-being ongoinly. The purpose is through theme interviews gain specific information about the current development needs in the leadership and the work well-being at home hospital. The subject of the thesis is topical, KASTE 2012-2015 states inter alia to enhance transformative leadership, promote the well-being of employees and the ability to work through good leadership and to develop regular follow-up (Ministry of social affairs and health 2012, 30 – 31). Both leadership and its supporting role to work well-being have been studied a great deal. The choices in this thesis about references and point of view were made to best benefit the situation in the home hospital.

2 THEORETICAL FRAMEWORK

2.1 Defining leadership

Leadership is action, whereby peoples' work contribution, as well as mental and physical resources can be acquired, targeted and exploited efficiently in order to achieve specific aims and values. The goal of leadership is to guide individuals in diverse positions, working differently with different sorts of abilities to act together for and towards a common goal. Leadership is a social, engaged decision making prosess, that legitimates authority and provides power. Leadership influences both the profits of an organization and the cognition, stances and emotional life of the members' in organizations and thereby modifies reality. Leadership can be seen as coaching, mentoring, guiding, serving, teaching, and educating. Leadership is always context-bound affected by culture and the operation environment, and must be seen as a service occupation, which should produce suitable and optimal working environment and help people eliciting their best qualities. Leadership is based on scientific evidence and tacit knowledge and it evokes security in those associated with the task. (Drucker 2002, 20 – 22, 74; Laaksonen, Niskanen & Ollila 2012, 113; Rigolosi 2005, 335 – 336; Seeck 2008, 326 – 327; Sydänmaanlakka 2009, 29, 105 – 106; Yoder-Wise 2014, 5.)

Leadership requires diverse expertise, which can be analyzed as skills and abilities, in order to cope and manage the paradoxes leadership includes. A leader must be near, but give distance and privacy to do the tasks; a leader has to trust employees, but still keep an eye on them; a leader needs to be patient, but purposeful; a leader must be confident, but humble; a leader needs to balance between efficiency and work well-being. Additionally to dealing with paradoxes, a leader must be an expert in many areas. A leader must be able to observe the interaction, culture and working atmosphere in the workplace. Leadership includes also managerial competence and requires skills in managing leader's own performance; the ability to constantly learn and develop, organize, delegate, and solve problems. Other areas where leadership expertise is required are *communication;* interaction skills, and the ability to listen, *leading people and managing tasks*; ability to coordinate and make decisions, manage conflicts and relationships in a fair and equitable manner, *business management*; competence in business knowledge and strategic thinking, *innovation and change management*; ability to create, design and delineate, take risks and be a visionary. (Laaksonen et al. 2012, 111 - 112, 140; Rigolosi 2005, 7 – 8; Rissanen & Lammintakanen 2011, 267; Sydänmaanlakka 2009, 144; Yoder-Wise 2014, 57.)

The task of leadership is to inspire and empower employees to bring the common vision into reality. The constant change in the modern society sets requirements for ongoing learning and for the expansion of capacity that has to be supported and guided by leaders. Leaders should

bring the best out of people. (Yoder-Wise 2014, 39 – 40.)

Leadership has been defined and devided based on tasks, roles and behaviors, but essentially the determinant aspect in leadership is forward viewing and future oriented. Therefore, it is mandatory to question the function of procedures and practises constantly. (Rissanen & Lammintakanen 2011, 82 – 83, 265.) The areas of leadership are recruitment, orientation, performance management, training and developing, rewarding and recognizing, knowledge management, reporting and informing, development of working, and change management (Laaksonen et al. 2012, 158). Great leaders simultaneously master both instrumental and supportive leadership behavior. Supportive leadership is socially oriented, inspiring, and allows participation from employees (Tomey 2004, 168). In order for leaders to succeed, they need good followership from employees. Leaders are unifiers who build bridges and succeed through the efforts of employees. Leadership is a process of interaction, where employees need direction, hope, respect, rewards, recognition, and trust from their. leaders (Rigolosi 2005, 82; Yoder-Wise 2014, 40 – 41.) Leaders are needed for establishing and clarifying the goals and priorities. Leadership sometimes requires an authoritarian approach, when quick decisions must be made. (Vuori 2005, 21.)

In leading, faith is needed to believe that things will go forward although setbacks will come. A leader must have courage to give up control, trust the employee's independence, and give space for growth in employee's development area. To appreciate and value oneself and others, understand others' opinions and feelings, and to be genuinely interested in another, are mandatory for leading and are also called emotional intelligence. To promote and foster the emporwerment of the work community are leader's most important tasks and require being familiar with the staff. The personnel, together with their leader, should ponder which structures and circumstances are needed, so that everyone can be empowered. Empowerment calls for open communication and support. When negotiating and sharing information with the whole personnel, power increases and generates into synergy. (Miettinen, Miettinen, Nousiainen & Kuokkanen 2000, 43 – 44.)

2.2 The breakdown of the leadership paradigm

A paradigm is a system about ideas and techniques which offers both the diagnosis and the solution to a problem. It can be seen as a discourse of the truth. A paradigm influences how leadership and the role and importance of an organization are comprehended. The economic situation, the regulatory action and policy of government, as well as the status of unionism, influenced the adaptation of the leadership paradigm. In Finland, until the 1950s the army's leadership criteria and lutheran ethics influenced in the background of leadership as well. Paradigms are distributed through consultants and management schools and several of

paradigms may be in use at the same time. In Finland, the leadership doctrines in use are still imported and they are adopted with delay. The prevalent leadership doctrine is still the rational ideology rather the human-centered normative rhetoric. (Seeck 2008, 18, 21, 350.)

There are numerous leadership theories, styles, approaches, and models. Leadership paradigms can be broken down in multiple ways. One is to divide them into classical- , modern- and postmodern doctrines, or as mentioned above into rational ideology and normative rhetoric. Rational ideology is the basis for the scientific management (taylorism) and structure analysis (strategic) paradigm, whilst human-centered and organization culture paradigms represent the normative rhetoric. Innovation paradigma is considered to be rational ideology, but also includes elements from normative rhetorics. (Seeck 2008, 28, 31, 32, 104.)

The breakdown is also done by separating leading into management and leadership. Managers are responsible for the goal of the organization, while leaders can have responsibility over one segment of the overall goals. Management signifies transactional leading (taylorism and structure analysis), while leadership signifies transformative leading (human relation school of thought). Management can be taught and learned by using teaching techniques, whereas leadership, although an outcome of education, is seen as a reflection of personal qualities of character and life experiences developed over time. Transactional leading (traditional leading) is active, task-focused, closely followed and quickly intervened and it takes place in a hierarchy, relying on the power of organizational position. Rewards are based on high performance, whereas transformative leading is motivating and it inspires employees to achieve the set common vision or goal. In transformational leadership (change and innovative leadership), key words are cooperation, communication, encouragement, individual approach, enthusiasm, and development. Transformational leadership qualities are linked to staff satisfaction, retention, and patient safety. A connection with leadership behavior and an employee's well-being, working conditions and the sense of meaningfulness is found using transformational leadership. A transformational leader takes employees' needs into account and performs as a role model. Studies show that nurses were more satisfied with leaders who demonstrated the transformational leadership style over the transactional. In health care, it is mandatory for a leader to execute both methods, however with an emphasis on transformational leadership. (Abualrub & Alghamdi 2012, 675; Kanste 2005, 43; Rigolosi 2005, 4 – 5, 102 – 103; Seeck 2008, 331 – 332; Tomey 2004, 175; Sydänmaanlakka 2003, 57; Viitala 2004, 103; Yoder-Wise 2014, 10, 40 – 42, 366.)

The least effective and passive leadership style is the 'laissez-faire leadership' which means the lack of leadership and/or avoidance of interference. Interaction, feedback, and support is negligible, motivation and attention to employee's needs are lacking, and comments, problems and opinions about work are avoided. (Kanste 2005, 53.)

	TRANSFORMATIVE LEADING (Leadership)	TRANSACTIONAL LEADING (Management)
RATIONAL PARADIGMS		
Scientific management		Leader plans and monitors work.
Structure analytical		Leader is a rational decision-maker, who considers different alternatives. Leader clarifies goals, gives feedback and supervises the achievement of goals.
NORMATIVE RHETORIC		
Human relation school of thought	Leader inspires and motivates and seeks to create a meaningful working environment by paying attention to work well-being.	
Organizational culture	Leader commits workers with common and shared vision to both the organization and to personal tasks.	
INNOVATION PARADIGM		
	Leader ensures that the structure of working environment, atmosphere, culture and human resource practices promotes creativity and innovation.	Leader helps with undefined task, to focus the input of workers´and parse the ´chaotic´working environment. Leader shows the way and hence strengthens workers´innovation.

Figure 1. Transformative and transactional leading and the charasteristics of paradigms. (Seeck 2008, 360.)

2.3 The development of the leadership paradigm

In early 1900s Frederick W. Taylor launched the scientific management paradigm, which emphasized maximising efficiency, measurement and productivity. The focus being in finding the explicit principles and procedures based on science in order to plan and execute work to benefit both the employer and employee. An incentive plan was made to motivate the workers to reach even greater productivity. Human perception was pessimistic, work was monotonous and strenuous. Science replaced employees' personal opinions and sentiments. The downside of Taylorism was that due to the scientific approach, information was transmitted and exchanged under control. This decreased creativity and initiative and increased management control. (Seeck 2008, 53, 94 – 95; Tomey 2004, 177; Viitala 2004, 24.)

Human relation school of thought was started in the 1920s in the foot prints of Taylorism sharing the principle of efficiency, improvement of collaboration, and the justification for the leader's authority. The distinguishing factors were the human relation school of thoughts' desire to add employees' motivation and work well-being by emphasizing social aspects and democracy of work. This was done by recycling jobs in order to enhance and enrich employees' job description. Additionally the collaboration and interaction with colleagues were encouraged. These were carried out to reduce the monotony of work, absences, conflicts, and poor work ethics. Technicality in Taylorism had been taken too far, which destroyed individuality, and thereby weakened workers' well-being and the companies' productivity. (Seeck 2008, 103 – 104, 193, 195; Tomey 2004, 179 – 181.)

The structure analytical paradigm commenced in the 1950s. It increased efficiency and productivity by modifying the structures and decision-making processes by taking into account contingency, but including the scientific management and the human relation school of thought – paradigms. The growing organizations created new kinds of problems with bureaucracy and these sought structure analytical paradigm to solve. The operations of the big companies' were intensified by grouping people into departments and units according to their tasks, forming communication ways and hierarchy in order to add the high command's creativity and flexibility of the company. The structure analytical paradigm approach is rational, but it regards and respects the environment where an organization operates, different environments require different organization structures. Success is determined by how well an organization structure and approach suit the operating environment. The ability to answer the challenges and claims of an environment, with continuous adaptation, is demanded of leaders. The more familiar approach to the structure analytical paradigm is strategic leadership which is part of the structural analytical paradigm. In Finland, the best known representative of the structure analytical paradigm is Peter Drucker. According to Drucker, it is a leader's duty to achieve the goals of an organization, and there is no need for

control, when the goal, approach, and strategy are determined. Because every worker chooces different strategies, leading is objective targeted leading based on self-control, and so it is enough just to supervise the ongoing process. (Seeck 2008, 159, 165, 182, 185, 188, 190, 193 – 194.)

The organizational culture paradigm that originates from the 1970-1980s stems from the idea that a company has its own culture, and thus can be customized and altered. The key idea is that by engaging the employees, lower turnover is achieved and hence the productivity of the company increases. The community culture develops through social interaction and continuity (history). In social interaction norms, meanings, values and concepts are born. Culture is not solid and permanent, but maintained, protected and reformed. The contents of organization culture are obtained from the surroundings and the environment of the organization. These company codes, rules, values and messages are used to familiarize and guide employees into the organization culture. Almost always there exist lower and counter-cultures in an organization, thus contingency is important. (Seeck 2008, 207, 209, 215, 217, 220, 222 – 224.)

Innovation is the prevalent paradigm, where competitiveness is applied continuously through renewal. The nature of leadership has changed in the direction of the server. It is hard interpersonal work. (Viitala 2004, 103.) The innovation paradigm in Finland began to appear more widely due to the funding it received for organizational and leadership industries research studies and it has been the most used also in the goverment programme (Seeck 2008, 292). Key words for innovation paradigm are renewal, uniqueness, change, creativity and innovation. *Innovation requires creativity, but creativity does not always lead to innovation*. The solutions are searched here and now. Employees are seen as individuals with development needs. On the other hand, know-how and tacit knowledge may be forced to move over in order to achieve recurrence. Ways of working are workshops and excursions and there is an emphasis on creative work environments. To be innovative requires encouraging organization culture that offers safety and trust, and allows failure and autonomy. The innovation paradigm integrates and applies antecedent doctrines. (Seeck 2008, 248 – 249, 252, 266, 293.)

In recent studies, the focus has transferred from comparison of transactional and transformational leadership to the review of the quality of the leader and employee -relationship. This leader-member exchange -theory describes the development of the relationship between a leader and an employee in three phases. The first is called the testing phase, where motives, attitudes, resources, and expectations are evaluated. Secondly comes the development of trust, loyalty and respect. Lastly, mutual commitment to the team and work communities goals are developed. Empirical research has shown that leaders have

different kinds of relationships with employees, which leads to variety of benefits. Also employees' action, attitudes and commitment vary. High quality relationships between a leader and employees are shown to promote motivation, innovation and creativity of employees. (Nuutinen, Heikkilä-Tammi, Manka & Bordi 2011, 161; Seeck 2008 : 333.)

Work well-being and occupational health is a rising leadership paradigm (since 2010). Its roots are in work and organizational psychology, psychology, social psychology and in the human relation school of thought's heritage. The work well-being and occupational health is a desirable doctrine due to its ideology, but it is important to use the knowledge and experience gathered from human relation school of thought's challenges. There is not only a trend of human-centric thinking behind the doctrine, but calculations of the costs of bad leadership and the lack of work well-being for organizations. (Seeck 2008, 304 – 305, 307.)

2.4 Self-leadership

Self-leadership is the basis for all leadership approaches. If you cannot lead yourself, you are not able to lead others (Sydänmaanlakka 2003, 67). Leadership paradigms and actual leadership provides structures and frameworks, but as an employee, a follower, one has responsibilities as well. Employees possess unique qualities, such as knowledge, skills, experience, interpersonal networks and flexibility, attitudes, values, motivation, and personal characteristics. These together constitute competence and expertise. Some qualitites are learned in schools or through work, and some require awareness and active development. It has been said that it is more important to hire an employee with the right attitude than a perfect expert. (Kauhanen 2009, 148.)

Self-leadership consist of physical (food, rest, exercise), mental (thinking, learning, creating), social (control of feelings, positivism, relations to others), spiritual (clear values and goal in personal objectives) and professional aspects (competencies, development) forming total well-being (Sydänmaanlakka 2003, 68 – 70).

To take responsibility of oneself and constant development, to know oneself, to commit to the basic task, the work community and team are called self-leadership. Self-leadership means wittingly influencing oneself, acknowledging one's good and challenging sides, taking responsibility of one's own behavior and the ability to achieve goals. There needs to be readiness to develop and grow as a person. Feedback is mandatory for learning, developing and keeping up motivation. Self-leadership includes the capacity to receive constructive and honest feedback and turn it into a possibility for learning. (Ranta & Tilander 2014, 108 -109, 111, 114 – 115, 120 – 121.)

Self-leadership consists of different emotional competencies. Self-awareness, self-regulation, motivation, empathy, and social skills. Self-awareness comprises recognition of one's own emotions and feelings and how they affect one's own behavior, knowledge of one's own strengths and limits, ability to be reflective and receive honest feedback. Self-regulation means managing one's own impulses and disruptive emotions, maintaining honesty and integrity in one's own performance, being flexible and comfortable with change and new ideas. Motivation guides toward goals and improvement, even without incentives such as money or status. Empathy is awareness of others' feelings, needs, perspectives, and concerns. Social skills are listening, negotiating, inspiring, guiding, nurturing relationships, an ability to find common ground, and creating group synergy. Emotional competence is important to everyone, but particularly central to leadership, where the goal is to motivate people to better performance. (Goleman 1998 a, 26 – 27, 32, 54, 61, 89, 138.) Emotional intelligence (EI) increases with age, but there is a genetic component to it. It can be learned and enhanced by specific training that include the limbic system, in addition to genuine desire and commitment. (Goleman 1998 b, 97, 102.) Everyone is responsible for a good working environment (Ranta & Tilander 2014, 113). Emotional intelligence is a fundamental factor in getting along at the workplace with colleagues and presenting high qualitity care to patients (Cherry 2011, 64, 66).

A relationship between EI and the transformational leadership style has been found. A leader with high emotional-intelligence conducts transformational leadership style more easily, since they both are about listening, understanding, inspiring people, showing empathy and respect, building motivation, trust and bonds. (Phipps, Prieto & Ndinguri 2014, 76, 83.) A leader with a high EI or using the tranformational leadership style can also be called 'an informal leader'. There is a strong inducement to be an informal leader according to Mare: 'informal channel composes 70 percent of the organizational communication and is up to 90 percent accurate'. However, being an informal leader does not exclude being a formal leader as well. (Miner 2013, 58 – 59.)

True commitment is active and creative, the desire and will to do well the basic task. Poorer commitment is called compliance, which includes several levels, the poorest group consisting of negative, apathetic workers, who scantily succeed with basic tasks. Excessive commitment is also not desirable, there needs to be energy left for a private life as well. It is said that an 80-percent commitment is enough. Practise has shown that too much commitment can lead to burn out. The right amount of commitment and the ability to cooperate and interact well requires self-leadership. (Miettinen et al. 2000, 48 – 51.) Self-leadership and responsibility of one's own health requires the power and ability to say no, know one's own limits (Ranta & Tilander 2014, 113).

2.5 Leadership in the health care

Social and health care policy provides the framework for leadership in the health care. Anything can be lead; human resources, innovation, information, quality, change, knowledge, project, strategy, finance, ethics, teams and so on. In the health care, the challenges for leading are different compared to the business world. Balancing between ethical, equitable, and good care and the ratio of expenses can be highly demanding. (Parvinen, Lillrank & Ilvonen 2005, 39; Rissanen & Lammintakanen 2011, 40, 82, 91, 93, 261.) Posts were abolished in turn of the millenium when nurse managers and matrons retired, so while the number of nurses doing patient work increased, local and middle management drastically decreased. This has had its impact on leadership and hence on the staff's work well-being. And while the nurse manager's position has been raised, power and duties added, the independent decision-making power is still lacking. (Kanste 2005, 38 – 39.)

The numerous changes in health care have increased the need for motivation, incentives, mental and professional support for nurses and that demands for active leadership. Since 2000, the mental workload, strain and hurry have increased and worklife quality decreased in the social and health care (nurses being the most dissatisfied group), whereas in other industries both have shown a positive revers. (Kanste 2005, 22 – 24.)

The focus in the social and health care leadership is currently on change and financial management. Networking, cooperation and human resource management are going to increase. Attention is paid to interpersonal skills and well-being at work, and resources for this will be increased. In local management, the importance of relational competence is emphasized. (Heikka 2008, 168 – 169.)

The tasks of nursing leadership is to create conditions for patient-centered care that is both high-quality and cost-effective. Nurse leaders lead nursing operations, finances and personnel, respond to sufficient resources for nursing and are responsible for the development of nursing research. (Hoitotyön johtamisen valtakunnalliset linjaukset)

Leadership in the health care organizations is done in different levels, through high command, and middle and local management. The corresponding for the overall operation and development of an organization is called high command, middle management being responsible for the activities of certain departments (head of department, matrons) and nurse managers and assistant nurse managers representing the local management. Political desicion-making, economy and EU-politics also affect health care leadership strongly. (Reikko, Salonen & Uusitalo 2010, 19; Rissanen and Lammintakanen 2011, 82 – 83, 261 – 262.) Human resource management regarding work well-being is done through the entire

organization, from local management to high command, local management being in constant contact with the staff. (Lindström & Vanhala 2013, 89.) The functions of organizations in the health care are complex and the ever-changing structures and demands facing the field, makes leading challenging. Leaders face ongoingly new, unidentified situations. There is a need to replace the bureaucratic, hierarchical and tardy structures with flexible and open innovative interaction. A learning and an intelligent organization combines knowledge with know-how through experiment and failure to achieve success. (Miettinen 2005, 261 – 262.)

The key requirements for local management are the desire and interest in organizing and leading the action actively and spontaneously. The pivotal focus being in leading the basic functions of the unit and the staff. The ability to understand complex entities, negotiate and tolerate pressure is needed. To execute local management, both high level of professionalism and personal leadership capabilities are required. (Reikko et al. 2010, 9, 33.) Delivering data to middle management and high command, and taking the authority to execute the needed actions are challenging but mandatory in order to develop the organization (Parvinen et al. 2005, 88, 90 – 91, 98).

Nurses need leadership and hence the nurse manager's role is the most important. Nurse manager is responsible for the quality of patient care, the effective leading of the unit (human resources management - personnel costs being 40 – 70 percent of the budget) and the well-being of the staff. The problem is the lack of unified management training or the contents of the work. Organizations and work units vary, and the nurse manager's work has changed over the years. Nurse managers as individuals are also unique, so it is mandatory to discuss what is important in nurse manager's work in every workplace, and what kind of education and support is needed. The task of the local and middle management is to implement high commands' assignments. The challenge middle and local management face is that they are responsible for the daily activities and resource allocation functioning optimally, but rarely with the needed power and information. The nurse manager's role is the most demanging, challenging and hardest, as it is the link between middle management, high command and nurses. Critical self-reflection of the high command is expected. Their concepts and visions are often a completely different reality than the one the nurse manager is dealing with. Local management is often left alone, on the horns of a dilemma. (Kanste 2005, 39, 40; Narinen 2000, 1, 6 – 7, 17, 32, 150; Viitanen & Lehto 2005, 122, 127 – 129.) Organization culture has a pivotal part supporting the leadership in employees' work well-being (Tsai 2011, 8). Organizations that won't optimize work environment, are headed towards employee loss and defiency. High command has a fundamental role in successful reorganizational change, introducing new priorities and encouraging to maintain them. (Hamelin Brabant, Lavoie, Viens & Lefranqois 2007, 313 – 314, 318 – 319.)

In health care, leadership can be viewed through various leadership styles, such as commanding, democratic, coaching, caring, and visionary leading. Also emotional-intelligence based leading has been raised increasingly in recent times. Nurse managers can use various styles in different situations. The chosen leadership style affects the work atmosphere, team spirit, motivation and commitment to work. Participating leadership style increases the feeling of togetherness and job satisfaction, and decreases work-related stress of nurses. When the role and the meaning of the concept of work are defined, and there are enough resources in use and trust among employee and leader, empowerment increaces among nursing staff and hence the quality of care is improved as well as patient satisfaction. The nurse manager's choice of leadership style is influenced by prior supervisors, nurse manager's education, individual and organization's values, cooperation with supervisor and employee's individual situation. It has been said, that 'a workplace looks like its nurse manager'. (Reikko et al. 2010, 54, 69; Vesterinen 2013, 32, 35, 52, 59 – 60, 64, 71, 75.)

As a management environment, the public health care has been hierarchical and static, but with the ever-changing economic climate bringing new challenges, leadership is forced to develop into a more sophisticated, transparent and flexible direction. However, there is no single correct leadership style. The same result can be achieved through different methods, the key thing is the ability to self-reflect and to have a genuine dialogue with the staff. (Reikko et al. 2010, 55; Vesterinen 2013, 77.) Leadership is always situational, multidimensional and different leadership styles can be used together complementary (Kanste 2005, 159).

It is of great relevance for a leader to understand also the generational work-value differences. Structural changes in society sets its challenges on communication that needs to be taken into account. Communication is the most important way to keep the information flow going in an organization. All generations need a clear vision, but an emphasis on performance feedback for generation Y (born 1981 – 2000) is needed. Generation Y effortlessly communicates through social media and mobile devices, while generation X (born 1965-1980) and baby boomers are more effective with face-to-face communication. (Hillman 2014, 245 – 246, 248.)

Also, the attitude and expectations of the new generation of employees towards work have changed, and set their insistence to leadership. The younger generation has plenty of expectations towards work and organization, most of them associated with leadership. They demand attention, feedback and equal treatment more than the previous generations, so the focus is changing from setting and measuring goals to assuring that goals are meaningful and motivating to workers. Their commitment is made to work, not to the organization and a leader who is presence is required. The older generations' expectations are merely towards

work itself, permanency of work. In the health care, the key for success is in human resources. The workforce must be motivated, committed and competent, and the task of leadership is to provide education, improvement of working conditions and have knowledge of the dynamics in the workplace. (Hietamäki 2013, 131, 133; Parvinen et al. 2005, 99; Rissanen & Lammintakanen 2011, 86, 238, 263 – 264.)

Albeit work satisfaction has shown a decreasing downward trend during the whole 2000's (Lyly-Yrjänäinen 2014, 54) there is no worry about the work morality of young people. According to the Youth barometer -study, 80 percent of young people between the ages of 15 and 29 will rather work than accept unemployment benefits. The content of work and its meaningfulness are considered more important than the salary. Young people expect their work to be challenging, innovative and interesting. Positive work atmosphere and equitable, open and socially supportive leadership is mandatory. (Sairaanhoitajaliitto / Matkalla maineeseen-project, 15 – 16, Myllyniemi 2013, 67 – 68.) Succinctly, a supportive work environment is the key to recruitment and the retention of nurses (Hutchinson, Brown & Longworth 2012, 448).

Health care organizations are diverse, health care in itself is complex, so individual leaders cannot manage the tasks of leadership alone. Shared, distributed and collaboration based approach must be implemented. This requires an understanding and commitment to self and relational leadership from all, leaders, organization and employees. (MacPhee, Chang, Lee & Spiri, 2013, 22.) The leader of the unit must maintain the activities functioning as the basic task necessitates. To accomplish this, the structures and the well-being of the work community must be taken care of. Good leadership with constant feedback and collegial support increases work well-being and health, empowerment, commitment, and organization's efficiency, as well as decreases work-related stress and protects against burn out. To succeed, both the individual skills and the group's cooperation is needed. (Johansson, Andersson, Gustafsson & Sandahl 2010, 9; Kanste 2005, 21, 78 – 81; Miettinen et al. 2000, 48 – 49.) Nurses' work well-being is connected with daily management and success in patient care, hence leaders are obligated to address the subject on regular basis (Ranta & Tilander 2014, 143, 145).

2.5.1 A nurse manager's role in general and in the home hospital

Nurse managers' position consists of many roles; a health care professional, nurses' advocate and representative of the employer. Work well-being consists of mental, physical and social dimensions, the main challenges coming from distress and hurry, while the main resources being motivation and enthusiasm. Nurse managers have multiple roles regarding nurses' well-being, care taker, supporter, mentor, listener, protector, sympathizer, work atmosphere

creator, and negotiator. The administrative role consists of coordinating, supervising, ensuring sufficient resources and fluency, hiring temps, planning trainings, developing operations, recruiting, keeping development discussions, communicating, ensuring a safe work environment, innovating, etc. (Lindström & Vanhala 2013, 92, 95; Narinen 2000, 18; Viitanen & Lehto 2005, 122.) Nurse managers' responsibilities have changed from nursing and clinical nursing expertise more towards a leader who enables fluently operating nursing. A nurse manager must delegate, and define tasks and responsibilities. (Nurminoro 2012, 5.)

The most important role for nurse managers is creating a positive work environment by setting acceptable standards of behavior and fostering empowering work standards. Uncivil, even when it is subtle behavior, can negatively influence an employee's health (cause mental exhaustion and fatigue). It also impacts negatively to job satisfaction, productivity, commitment and turnover, and hence affect also patients and organizations. (Spence Laschinger, Wong, Cummings & Grau 2014, 5, 6, 13.) In order to achieve increase in work performance, high levels of interaction/feedback on a regular day-to-day basis, together with performance appraisal, must be given (Kuvaas 2011, 131).

The main roles of a nurse manager at the home hospital in this study are human resources and decisions about holidays and other absences, recruitment, handling performance appraisals, education and development planning, and follow-ups. Giving guidance and support with the performance of nurses' basic task, and being present is mandatory. Conducting financial and material acquisition and budgets, making strategy plans every year and cooperating with various partners belong to managerial side of the leadership. Providing information, promoting of work well-being at the workplace, keeping regular department meetings, arranging development and well-being days together with the assistant nurse manager and keeping regular meetings with the assistant nurse manager in order to develop operations belong to a nurse manager's duties as well (Home hospital's code of conduct).

2.5.2 An assistant nurse manager's role in general and in home hospital

An assistant nurse manager deputies nurse manager when needed and works as a subordinate work pair. Assistant nurse manager's work as an independent profession is rarely studied and the official number of working assistant nurse manager is unavailable. Assistant nurse managers are expected to be iniative, possess negotiation skills and professional clinical expertise. They must be empathetic and possess leadership skills, related to development, planning, guidance and supervision. There is an ambiguity about an assistant nurse manager's role, whether it is more related to clinical expertise of nursing or immediate supervisor. An assistant nurse manager works close to nurses daily as a mentor, and so an assistant nurse manager's role and position must be respected and clarified as a part of local the

management. The 'doing in addition to their own work' should be considered as old fashioned thinking. To balance the relationship between a nurse manager and an assistant nurse manager, clear job descriptions and limits of responsibilities should be drawn up and almost equal statuses created. More time for regular education to correspond with current challenges is required. (Nurminoro 2012, 6, 14 – 15, 19, 38 – 39, 42 – 43, 46.)

The role of an assistant nurse manager at the home hospital is to manage the fluent running of daily operation of the work (resources – substitutes for absent personnel), distribute in cooperation with the workforce the daily tasks equally, taking into account staff's know-how, participate 60 percent of working hours to nursing, report the workforce's situation to the nurse manager and support the development of the workforce. Also to meet with other home hospitals' assistant nurse managers and participate in development meetings, guide new employees and participate in staff's orientation are part of an assistant nurse managers work. To maintain work well-being together with nurse manager, conduct administrational duties such as making duty roster, invoices verification etc.,be responsible of the 'emergency phone' and coordinate incoming patients and the entirety of operations with the doctor are an important part of an assistant nurse managers role (Home hospital's code of conduct).

2.6 Defining work well-being and related topics

In the Finnish occupational and safety vocabulary, well-being is defined as an employee's physical and mental state, which is based on the work, the working environment and leisure in a suitable package. Professional skills and work management are the main factors that contribute to well-being. The most important factor in the well-being of employees is perhaps an employee's relationship to the nearest supervisor. (Anttonen & Räsänen 2009, 18, 30.)

Work well-being is based on different elements and it is always subjective. An employee's psychological, physical and social health and performance with education and professional skills create the foundation for work well-being. Other elements being attitudes towards work through motivation and personal values, the working environment, leadership and the organization. All elements interact, support, and corroborate each other, both positively and negatively. (Sinisammal, Belt, Autio, Härkönen & Möttönen 2011, 29 – 30; Viitala 2007, 227 – 228.)

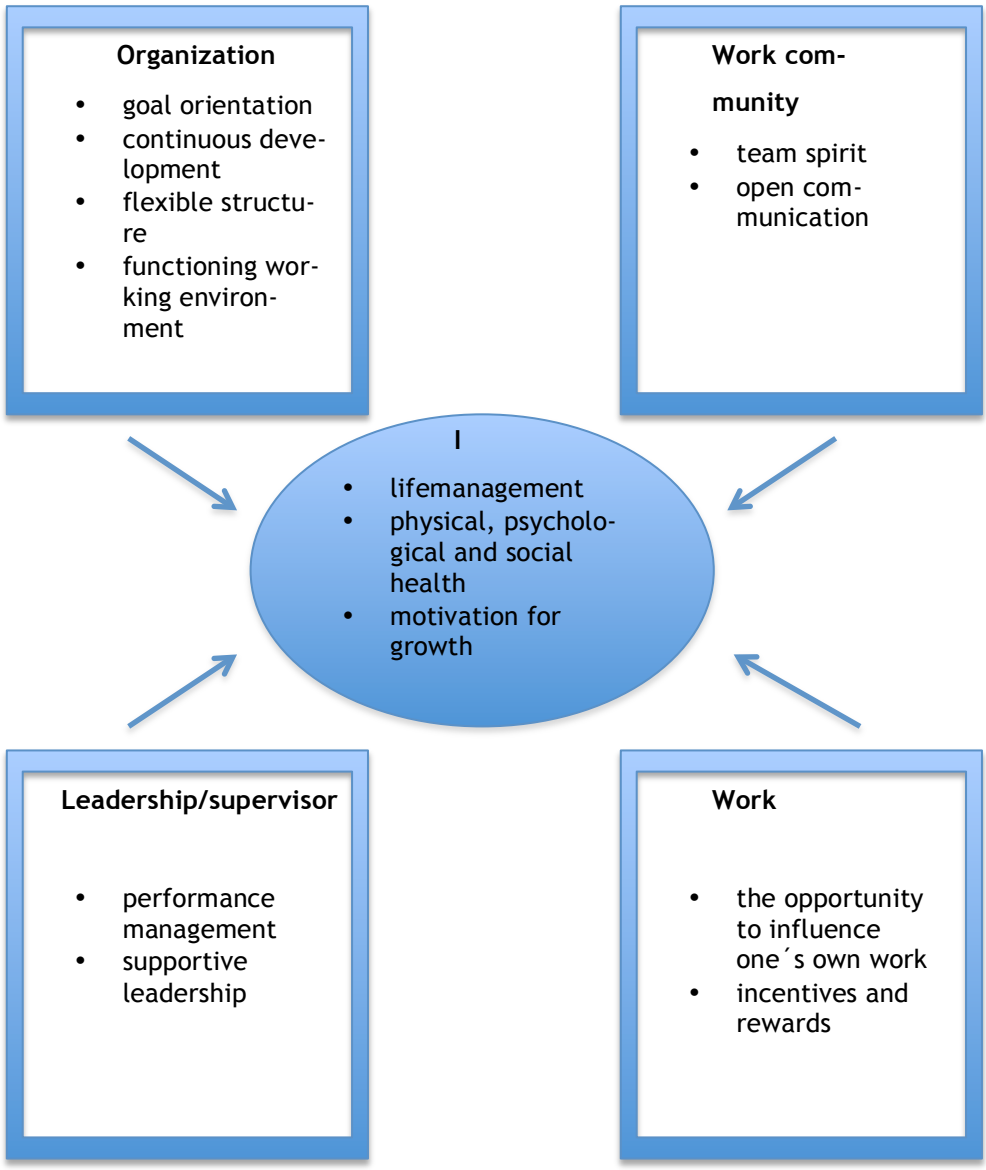

Figure 2. Factors affecting work well-being. (Modified from Manka 2012.)

Originally work well-being meant physical health, as well as occupational and safety issues. The approach was subsequently extended to mental health and social safety, workload and stress tolerance. Improvements in the working environment during the 1900's have changed further the focus from physical factors to psycho-social factors and nowadays the focus lies on the joy of work, work engagement, meaningful work, and combining work and private life. The parties involved in work well-being are occupational health, occupational safety and health, human resource management and shop stewards. (Kauhanen 2009, 197; Kivimäki, Elovainio, Vahtera & Virtanen 2005, 150; Ranta & Tilander 2014, 10 – 11.)

The cornerstones of a staff's well-being are personal health, competence and both the physical and the psychological work environment. Work well-being is seen as the employee's issue, employees must take care of themselves, but the employer has to support work well-being by creating good conditions to do the job. Leaderships' big task is to provide the necessary conditions for collegial support and help in creating a good working atmosphere and environment. To be heard, to get feedback and be appreciated and valued by colleagues and the leader, produce a sense of community and adds joy into working. A good working atmosphere among the work community and a good leader-employee relationship were shown to be the best encouraging factors to stay in the workplace. Focusing on work well-being means developing working conditions, enhancing and enriching the content of the work and leadership, that serves both the employee and organization. (Cowden, Cummings & Profetto-McGrath 2011, 471 – 472; Kauhanen 2009, 201; Ranta & Tilander 2014, 10, 89, 95 – 96; Viitala 2004, 290; Österberg 2007, 144 – 145, 150.)

Work well-being consists of good leading, rewarding, the development of skills, combining work and leisure, suitable working hours, equality, good social relations, the ability to work, and work safety (Kauhanen 2009, 200 – 201; Ranta & Tilander 2014, 12). When measuring work well-being, the focus lies on three main issues; *the content of the work* – the amount of work, the possibility to influence the work, the clarity of the purpose and the goal of the work, and confidence in work and its development, *organizational procedures* – supervisor's action, support and trust, guidance and feedback, ongoing development, the flow of open information and on *organizational atmosphere* - equility, problems in working environment, respect and consideration in interaction. (Ranta & Tilander 2014, 30, 63; Viitala 2004, 210 – 211.)

When developing work well-being, the focus may lie on whatever is seen important and useful in the work community. Work well-being is a subjective, personal experience about the current situation. In addition to absenteeism, poor work well-being is best ascertained from people's experiences. In nursing one aspect for work well-being comes from the interaction with a patient. There are different perspectives that have to be taken into account. A leader's role is in securing sufficient resources, and fluent, clear and adequate work processes for nurses to maintain the needed quality in nursing. Also, enabling nurses' self-management to assess the required time and resources in treating the patients and the possibility for peer and professional support with the physically and mentally demanding work and patients are tasks for a leader. Renewal and development can happen in small or big steps. Sometimes nurses' challenges with everyday work are so demanding that there is no energy left for changes. Work well-being decreases the urge to change jobs and adds commitment both to the work itself and the organization. (Ranta & Tilander 2014, 11 – 12, 14, 16, 31, 63.)

Justice and equality both in division of labor and interaction with employees are the bare essentials for work well-being. Structure and clear roles besides the opportunities to influence one's own work are also important. Signs of decrease in work well-being are incapability to detach from work and thinking of work issues (negatively) during free time. (Perko & Kinnunen 2013, 70 - 71, 75, 77 – 78.)

Work well-being is considered to be mostly the responsibility of supervisors and employees themselves, but it can be evaluated also in relation to overall organizational climate (not organizational culture). A relaxed, friendly, encouriging and supportive organizational climate produces a higher level of work well-being, whereas a strained, quarrelsome, tense, competitive and prejudiced organizational climate supports withdrawal from organizational discussions. (Viitala, Säntti & Mäkelä 2012, 97, 98, 104.)

2.6.1 Motivation

Job satisfaction and work motivation are interconnected: work motivation can lead to job satisfaction and vice versa (Ranta & Tilander 2014, 6). Motivation determines how actively and oriented a person in a certain situation functions, (Kauhanen 2009, 112) it is a kindler for action. Motivation varies between people and in different situations. It arises from the combided factors of an employee's personality, work itself and the working environment. Also, the current situation in an employee's life affects motivation. (Viitala 2004, 150 – 152.)

Although motivation arises within the person, it can be influenced by good leadership. When work is motivating, meaningful and pleasant it affects both the employee's, and hence the organization's, performance. According to a study about motivation, hourly employees could maintain their job with as little as 20 – 30 percent's input, whereas employees properly motivated by a leader used 80 – 90 percent of their capacity. Approximately 60 percent of employee performance can be affected by motivation. (Rigolosi 2005, 6.)

The factors motivating people can be divided into two categories: inner and outer - motivators. Inner-motivators are more subjective and emotional, related to the content of the work. Interest and enthusiasm in work, helping colleagues and wanting to learn and do well are considered as inner-motivators. Inner-motivators are related to strong self-realization and development needs. Outer-motivators are more objective and coming from the organization, such as salary, fees, recognizion, support and opportunities for participation. Factors creating motivation are challenging and independent work, content of the work - meaningful and respected work, feedback and appreciation. Conditions for achieving these are the possibility to execute skills and have clearly defined responsibilities, understanding of the entity, and instant and ongoing feedback and support. (Laaksonen et al.

2012, 158 – 159; Viitala 2004, 153 – 154.) A person cannot be forced to be motivated, and one will only try to achieve goals, if it is believed to be possible and meaningful, but a good leader can create the needed conditions for the motivation to start growing and enhancing (Sydänmaanlakka 2009, 29; Viitala 2004, 154 – 155).

The answer for people's diverse motivation, why some employees achieve high productivity compaired to others and what can be done to stimulate the staff, is complex. Different behavioral theories offer a wide range of perspectives, from the basis of which, a part of the answers can be found.

Frederick Taylor, believed that an energetic, high productivity possessing person needs an incentive in order to maintain their performance, compaired to a lazy or an avarege worker (Tomey 2004, 90). An incentive is not the basic salary, but an additional remuneration, a personal or a group reward, performance-related pay, or an intangible incentive such as advantages, feedback, recognition or the ability to develop one's own skills, permanency of the job, working time arrangements, or adequate staff. The main thing is to have the freedom of choice on how to be rewarded. (Seitovirta, Partanen & Kvist 2013, 280 – 281, 287 – 288.) Participating, inspiring and supporting leadership has a significant effect on work well-being and motivation (Kujala 2014, 64, 66).

Maslow's hierarchy of needs is probably one of the most known of all motivation theories. Maslows's hypothesis suggests that satisfaction of the basic physiological needs triggers the urge for more abstract needs, and when the needs become satisfied, they no longer are motivators. The five basic needs according to Maslow are physiological needs (inter alia, water, food, oxygen, rest and shelter), safety and security needs (physical, emotional and financial) referring to a stable environment, social and belonging needs, including acceptance by one's peers, having warm relations with others, and being a member of social groups. The first three mentioned constitute the primary needs. Self-esteem needs refer to achievement, competence, knowledge, status and reputation, recognition, independence and strength. The last one is the self-actualization need with feelings of importance, challenges, new experiences and opportunities contributing to self-fulfillment. (Rigolosi 2005, 30; Tomey 2004, 90 – 92.)

Herzberg's motivation-hygiene (two-factor) theory gives work different valuations. Hygienic factors are salary, benefits, status, job security, supervision, and interpersonal relationships, which are not motivators as such, but can prevent dissatisfaction and poor morale. Motivators are achievement, growth, responsibility, recognition, and the job itself. If people are highly motivated and interested in their job, they will tolerate dissatisfaction with hygiene factors. (Tomey 2004, 93.) According to Herzberg, motivation should be increased and factors causing

dissatisfaction removed in order to gain and enhance work well-being (Kauhanen 2009, 113).

Skinner's positive reinforcement theory believes that behavior may be strengthened or weakened depending on what follows it. Positive reinforcement strengthens behavior whereas withholding positive reinforcement weakens behavior. Praise and positive feedback increase the desired behavior and if desired results are not achieved, the situation should be analyzed and altered. (Tomey 2004, 95; Viitala 2004, 160.)

McGregor's theory X assumes that people dislike work, want to avoid responsibility and being controlled. According to the theory people are uncreative and unwilling to improve quality of their work or achievement and they only work for money and security. Theory Y proposes quite the opposite, people want responsibilities and to improve. People value achievement and recognition, people have potential, imagination, work is natural and money is only one reason for working. McGregor's theory sees that if people behave as theory X suggests, the reason is in the system, not the true nature of people. (Tomey 2004, 96 – 97.)

Newer developments in management are based on McGregor's theory Y. Maslow's secondary needs (self-esteem and self-actualization) are more important than the primary needs in the modern world. People are more interested in autonomy, responsibility, recognition, variety in work and efforts for self-actualization. Participation, allowing personnel to define their own objectives and how to achieve them are mandatory. (Tomey 2004, 98.) In nursing, there is still a strong connection with 'calling' as a major factor for motivation. However, times have changed and this cannot be the basic assumption. Continuous sensation of inadequacy is decreasing work well-being and is fortunately connected to working environments and organizations rather than to patients. Nursing requires humanity and it has to be supported by leaders in order to achieve and maintain the high ethical demands health care contains. (Vuori & Siltala 2005, 163, 363.) Motivation theories offer useful knowledge of human behavior, but cannot be utilized as such. A leader must recognize the different factors affecting motivation, such as age, generation, cultural background, and education. (Kauhanen 2009, 114.) The effect leader has on motivation depends greatly on her attitudes and respect towards employees. Positive feedback creates a virtuous and strengthening circle, to succeed increases commitment and faith. Negative feedback can raise the fighting spirit for some, but often it is known to cause sensitivity, avoidance, and it can cripple and estrange, where as no feedback at all can decrease productivity with inconsequential feelings. (Viitala 2004, 161.)

2.6.2 Open communication

Communication and social skills have an important role both professionally and socially in health care. By communicating it is possible to learn or teach something, influence each others' behavior, express feelings, relate with others, reduce tension or solve problems, accomplish a set goal, and stimulate interest. Communication is done verbally, nonverbally, through gestures and behavior. Listening is a part of communication. Communication is seen as one of the most important tasks a leader must master. (Rigolosi 2005, 172, 175, 181.) If communication is full of tension and conflicts, it can have an impact both on the quality of nursing and the well-being of the staff. Conflicts and tension in relation to other people are the most stressful events in peoples' daily lives and have both short- and long-term effects. They are considered more stressful than work related stress, money problems or other difficulties in life. The quality of our relationships and communication is highly important. Neutrality is not enough for a good and constructive dialogue, but requires positive feelings, generated by smiles, interest in the other person and eye contact. The sense of cooperation has been shown to stimulate the rewarding-centers in the brain, whereas pain caused by social discrimination affects and manifests in the same areas as physical pain. (Ranta & Tilander 2014, 92; Wilkinson & Pickett, 2009, 233, 242.)

Encouraging and fostering positive and open communication require effective conflict management as part of a healthy working environment. Poor communication is the most common factor for conflicts and can be avoided through listening and open and honest communication. (Yoder-Wise 2014, 475.) Encouragement and support is most succesfully given through face-to-face communication, which best enables genuine interaction, promotes staff to participate and builds trust. Interaction must occur both in professional and unprofessional occasions, and it must be a priority matter. Time should be allotted for information sharing. (Pekkola, Pedak & Aula 2013, 111 – 113.)

The pressures facing people in working lives cause fatigue and stress. Experiencing distress has a negative effect on communication. When feeling distress, people easily turn to blame, rather than taking accountability and expressing feelings, or judgemental, rather than thinking compassionately and expressing thoughts, or begin presenting unreasonable demands, rather than calming down and finding respect for others and requesting what is truly needed or wanted. This is possible to learn over time, when becoming aware of it. In communication, it is important to focus on peoples' strengths and skills, and acknowledging and enhancing what they do well. Everyone has weaknesses, but there is no need to point out them. This positive communication model is productive and leads to excellence. Like leaders, also employees must commit to character development. (Yoder-Wise 2014, 356 – 357, 366.)

2.6.3 Characteristics of the Magnet hospitals

Despite of the growing employee shortage, some workplaces have always found enough employees. The magnet hospital -concept was developed in the 1980s in USA. At that time 80 percent of the hospitals in the USA were suffering from severe employee shortage, even though there were more graduated nurses than ever before. However, some hospitals were able to keep and increase personnel and maintain high quality care. A research was executed investigating reasons for this and the findings indicated that with focusing on involved leadership, professional practise and development, the results will include an increased quality of nursing and safety, personnel's well-being and enhanced commitment to work. In practise this means a low organization structure, an active human resources policy, nurses' autonomy, and structured nursing models to ensure high quality nursing together with good and proper orientation, continuous training and the possibility for career development. (Matkalla maineeseen-project 2008, 3 – 4, 15 – 16; Sosiaali- ja terveysministeriö 2009, 37.)

A magnet hospital's characterics are seen to be indicators for better recruitment, retention and nurses' work well-being. These characterics include flexibility, high nurse-patient-ratio, nurse participation in organizational policy decisions, and strong nursing leadership. Also open communication, valued patient satisfaction, and good nurse-physician relationships is mandatory. The keys for this all are good, involved leadership with consistent rules, prolific interaction and collegiality including supportive, honest and open behavior both socially and professionally.

The principles of attractiveness of nursing are

1. new knowledge, innovations and improvements
- systems and practices need to be redesigned and redefined to be succesful.

2. exemplary professional practise
- the essence of Magnet Organization is exemplary professional practise.

3. change management / transformational leadership
- transform the whole organization to meet the future.

4. structural empowerment
- solid structures and processes developed by influential leadership provide an innovative environment for achieving the vision.

5. empirical quality results
- *outcome data needed and quantitative benchmarks should be established*
(Ranta & Tilander 2014, 29 – 30; Tomey 2004, 333 – 334.)

From the basis of magnet hospital's characterics good workplace -criteria in Finland were developed. They are intended as self-development tools for working communities. The aims of the criteria are well functioning work practices, participatory management, rewards of the work, the development of expertise, the high quality level of care and coordination of work and private life. When these criteria and principles are met, the productivity of an organization increases and the mental distress of nurses decreases. (Ranta & Tilander 2014, 28 – 31.)

2.7 Intelligent leadership in an intelligent organization

The quality of leadership can be measured by evaluating the quality of interaction and the achieved results. Feedback is the primary requirement for learning, growth and development. An intelligent leader evaluates the outcomes from three different perspectives: rationally, have the set goals been reached, emotionally, how are people feeling, and mentally, what is the spirit in the group and how meaningful the tasks are experienced. It is crucial to create a positive spirit and group climate, because enthusiasm and energy catches on and grows, and so does a negative climate. (Ranta & Tilander 2014, 109, Rigolosi 2005, 341 – 342.) Executing these three different perspectives, a balanced and comprehensive leadership is implemented, which results in efficiency, renewal and well-being (Sydänmaanlakka 2009, 131).

Happy employees are more productive, they are less likely to quit, and they attract similar people to stay in the workplace. Thriving workforce is not just satisfied and productive, but engaged, healthier and energetic. Some employees thrive inherently, but most are influenced by their environment, so the thrive needs to be created through opportunities for growth and the sense of importance. The four mechanisms shown to create thrive are providing decision-making discretion (empowerment), sharing information, minimizing incivility at work and offering performance feedback. These mechanisms reinforce one another, so they all must be used. (Spreitzer & Porath 2012, 93 – 98.)

Working environments should be developed into a place, where a person feels good. A balanced organization is a creation of healthy people. Leadership that sees far forward, but keeps close to people is a matter of significance. (Koivunen 2013, 152, 154.)

Leaders must also understand the different needs of their staff based on their generation. By the year 2020, the Y generation will be the largest to enter our workforce since the baby

boomers. It has been said that the new generation always challenges the predecessors. Currently, however, the challenge is bigger than ever. According to different researchers the differences in practises have never been this vast. This generation is used to multi-tasking and utilizing technologies. They process new information quickly and are not intimitated by constant change, which can make them impatient and easily bored. Additionally to being socially talented, great at teamwork and considering work as part of their social life, they can also be called the connectors as well as a global and an entrepreneurial generation. Albeit work is expected to be fun, they are willing to work hard to make a difference and benefit the organization. They value their leisure time and family, have high expectations of their employers regarding flexibility, values and development, and do not hesitate to change jobs if these factors are not met. They need to be stimulated, respected, rewarded, and supported. Their motivation rises from autonomy, constant feedback, freedom and diversity, which adds productivity and job satisfaction. The most important factor for a good workplace is a good climate and spirit of the work community. (Hutchinson et al. 2012, 445 – 448; Nuutinen et al. 2011, 169; Piha & Poussa 2012, 34 – 35, 53, 72, 75; Ranta & Tilander 2014, 125 – 128, 130, 132.)

In an intelligent organization, positive diversity is a resource, not a threat. Equality does not mean that everybody does the same things, for as long, similarly or knows as much, but rather that everyone's strenghts, resources and specialitites are respected and developed equally. (Ranta & Tilander 2014, 111.) Diversity is a perfect opportunity to bridge differences, expand thinking, learn and innovate new (MacPhee et al. 2013, 26). A successful nurse manager guides with the head and the heart, is empathetic, enhances group and individual relationships, and recognizes the individual contributions of each member of the team (Vitello-Cicciu 2003, 31 – 32).

The most desirable state of working is a so-called 'work engagement' (työn imu), a positive feeling, a state of well-being. It means dedication to work, pleasure of working, innovative and initiative attitude, helping colleagues, flexibility with occasional overtime and strong commitment. To accomplish this, work must be challenging, but offer resources to overcome them. Work engagement is shown to benefit not only productivity, but also a worker's private life and the quality of life in general. Promoting factors attaining work engagement are managerial and collegial support, feedback, strong individual resources, working in teams and social communities, and close and ongoing communication. To attain group engagement, interaction and shared experiences are mandatory. It is important for leaders to pay attention in order to immediately intervene with occuring work related stress (burn out) or fatigue, because one person with negative feelings or stress can transmit the whole workplace community. (Hakanen, Harju, Seppälä, Laaksonen & Pahkin 2012, 4 – 5, 52; Hakanen & Perhoniemi 2012, 3, 9 – 13.)

Personnel are the biggest asset of a company. Engaging workforce is done by providing a safe environment for open communication, empowering the staff by giving them freedom to make the decision of how to execute the work and by knowing the staff in order to motivate them correctly. (Agin & Gibson 2010, 53 – 54.) Work engagement is related to work well-being, positive emotions such as happiness, joy and enthusiasm, experience of better physical and psychological health, innovativeness and proactivity. Work well-being shows positive results, when commitment and rewards are in a correct balance. (Uotila, Viitala & Mäkelä 2012, 67, 75.)

Intelligent leadership summarizes and collects all of the knowledge and earlier approaches, and develops a new innovative, intelligent leadership model that is capable of constant renewal in an ongoing dialogue between employees and leaders. Intelligent leadership is both science and art, and it puts individuals in the heart of the organization. (Sydänmaanlakka 2003, 76, 138, 140, 142.)

3 THE PURPOSE OF THE THESIS AND RESEARCH QUESTIONS

The purpose of this research is to clarify the nurse manager's and the assistant nurse manager's roles as leaders and gather information about their connection to work well-being.

The nurse manager is responsible for two other home hospitals as well, and therefore she is not physically present everyday at the home hospital this research pertains. The nurse manager visits the home hospital approximately once a week, more often if needed, but due to the two-shifts work, seven days a week, nurses follow, makes seeing the nurse manager sometimes much more sparse. The assistant nurse manager's role has been unclear and the focus of the position has still been merely on nursing.

The focus in this thesis being on the assistant nurse manager's role and job description, surmising the need to emphazise the role as the staff's supporter, but this position cannot be clarified and processed without addressing the nurse manager's role as well. Leadership is a wide subject, hence the salient perspective in this thesis is the leadership's ways to increase work well-being among nurses, and thereby improve the quality of nursing. Work well-being is also a broad concept, so in this study the focus is merely on the psycho-social aspect of work well-being.

The main goal is to produce new information for home hospital with the following research questions:

1. What are the roles of the nurse manager and the assistant nurse manager as leaders in home hospital?

2. What are the roles of the nurse manager and the assistant nurse manager regarding work well-being?

4 METHODOLOGICAL BACKGROUND

4.1 Qualitative study design

The premise of a qualitative research are describing and understanding real-life through the perspective of the subjects, without specific limitations. The aim is to find and reveal unexpected or hidden facts without a hypothesis. The non-hypothesis character of a qualitative research means that the researcher has no pre-assumptions, but rather the theory is developed from the empirical literature produced by the interviewees. A qualitative research is a process, with an open and developing thesis plan simultaneously during the data collection, analysis, interpretation, and reporting of the results. (Eskola & Suoranta 2000, 15 – 16, 19 – 20, Hirsjärvi, Remes & Sajavaara 2010, 161, 164.)

Gaining understanding of how participants experience a certain subject through a holistic way is the core of a qualitative research. Achieving objectivity is challenging because reality is complex and our different values define it. To assemble information through interviews is an experiential method, where the researcher decides what is important, by being intensely involved, heading to a holistic understanding of the whole, while simultaneously capturing the interviewee's perspective. (Burns & Grove 2011, 85.) The benefit of interview as a data collection form is its flexibility. Depending on the situation, the respondent and answers, it is possible to clarify, repeat, focus, and deepen the questions. To supplement the information gained via interviews, by observing the behavior and tones and ways the information is told, may add meaning or help to interpret the information. (Tuomi & Sarajärvi 2009, 73.) Language is not objective, but complex and subjective, and hence must be linked to the context of the situation. Using languge is, however, the most essential and pivotal way to decipher human understanding. (Hirsjärvi & Hurme 2006, 48 – 51.)

The guide of objectivity that instructs to keep a distance from the interviewee, not sharing your personal information and conducting the interviews similarly can be forgotten and rather focus on taking an external and impartial viewpoint, not mixing one's own thoughts,

approaches or values into the research results. However, the researcher's own opinion and premise are always present, and so objectivity is achieved by recognizing subjectivity. In a qualitative research, the number of subjects is low. Notably great attention is used with cropping the material in order to describe and interpret the phenomenon thoroughly. Trust and anonymity are two key concepts when processing the data. (Eskola & Suoranta 2000, 17 – 18, 56.)

According to Habermas knowledge interest, this study can be considered as practical, with the intention to understand and decipher the interviewee in her environment and find a human meaning. Practical knowledge is associated with the hermeneutic sciences, communication and language. The purpose of practical knowledge is to transfer and understand knowledge. (Tuomi & Sarajärvi 2009, 40.)

4.2 Data collection

The data was collected through individual semi-structured / theme interviews, i.e. topics defined beforehand, but without accurate questions or order. This method was chosen due to the fact that researcher is a collegue to the interviewees and hence the material would be generated truly from the perspectives of the interviewees. Out of ten registered nurses working in the home hospital, four participated in the interview. The theme interviews were conducted in November 2014 and they were held in Finnish. The time and place for the interview were scheduled with each participants individually in order to achieve a positive, tranquil and leisured atmosphere for the interview. Two hours time were reserved for the interviews. The interviews were held during work-days at an agreed place, so participation did not cause any extra effort or inconvenience for the interviewees. Details and aims of the research and the interview themes were run through in a ward meeting prior to the interviews in order to give time to ponder and prepare one's own opinion. Interviews were conducted in a good and relaxed atmosphere, where confidence was partly born due to the fact that the interviewer is a colleague of the interviewees. After an answer was given by an interviewee, the answer was repeated by the interviewer in order to ensure whether it was correctly understood. Each interview was proceeded individually, on the basis of the responses. Without the initialization, the total time spent on the interviews with four interviewees was 4 hours 20 minutes. By having an initialization, it was assured that required information about the meaning and the nature of the research was given and informed consent signed.

Theme interviews resemble deep-interviews by proceeding with central themes and clarifying questions during interviews in order to find meaningful answers according to the identifying research questions (Tuomi & Sarajärvi 2009, 75).

The conversation in an interview is always a confidential interaction, where both participants are equal participants. A theme interview is open and free-formed, hence the collected material represents respondents more accurately and precisely. With the help of the collected knowledge from the research, it was possible to gain understanding about the current situation, create new ideas and concepts to achieve better work well-being. (Eskola & Suoranta 2000, 85 – 87; Hirsjärvi et al. 2010 : 20.)

4.3 Data analysis

An inductive content analysis was used in this thesis. Qualitative analysis requires creativity, accuracy and meticulous examination. The challenge is its complex and less formulaic nature compared to that of quantitative research. The purpose of the data analysis was to provide structured summarization by reducing the data and finding meaning and clarity from the collected narrative materials without losing the richness of the original data. With theme interviews it was guaranteed that all interviewees were talking about the same subjects. Transcribing the material collected by theme-interviews forming a frame, made it easier to parse and approach. (Eskola & Suoranta 2000, 87, 137; Polit, Beck & Hungler 2001, 380 – 381.) Content analysis proceeds through reducing of the material to grouping and finally to abstracting the material (Janhonen & Nikkonen 2001, 26 – 29).

Transcribing of the interviews was made the following day of each interview and resulted into 50 pages of text, partly already themed and the unessentials excluded. The text was read through couple of times quicky and then thoroughly. Regularities and patterns were searched and grouped together into themes as shown in figure 3. Themes were created and specified first according to the main themes of the thesis, the roles of the nurse manager and the assistant nurse manager, and work well-being. The rest of the outlining was done according to the topics emerged from the interviews. The material was rich, but clearly certain topics emerged. Finally, the interviews were listened through once more, in order to guarantee accuracy.

Figure 3. An example of the content analysis.

5 FINDINGS

5.1 The roles of the nurse manager and the assistant nurse manager in the home hospital

The nurse manager's and the assistant nurse manager's roles were surprisingly unclear: interviewees had different expectations especially from the assistant nurse manager. Many tasks were seen to belong to the nurse manager, but due to the situation in the home hospital, they were 'left hanging in the air' as noone's responsibility. The roles of the nurse manager and the assistant nurse manager had a lot of overlaps and thereby the characterics of the nurse manager and the assistant nurse manager depict partly on general basis as seen at the beginning of figure 4.

Strong roles of a nurse manager were considered to be the head of human resources and administrative matters, nurses advocate and voice to middle management and high command. The nurse manager was definitely seen as the leader, but because of her absence, leading was seen to be challenging. Conducting performance appraisals was seen as nurse managers task, but was thought to be carried out better by the assistant nurse manager as she is present on a daily basis and hence knows the nurses' performance and working methods better. Addressing and taking care of the problems at the workplace and supporting nurses were seen as a nurse manager's duties.

The assistant nurse manager was seen as the immediate supervisor, an authority, who is present and coordinates everyday functions. She leads beside the nurse manager, organizes, informs and observes development areas and promotes them. She is accessible and creates for her part the everyday working environment and allows open communication to take place. She is the eyes and ears for the nurse manager. The assistant nurse manager's job description was larger than the nurse manager's, and it lacked clarity.

Both share the roles of an authority, administrative manager, and information provider, and both managers are approachable, but due to presence the assistant nurse manager is seen as a supporter as seen in the distribution in figure 4.

* mother figure * patient * open * supports and coordinates education * keeps performance appraisals * reliable * develops the unit * interacts and communicates * sets goals * takes responsibility * intervenes firmly to problems * leads employees * guides and monitors the achievement of set goals * gives information about the goals and general affairs * encouraging * motivator * employees´trustee * is present, but gives space * fair * knows her employees, their strengths and weaknesses * is responsible for the management but also for the atmosphere * makes things happen * mental leader * trusts the employees * has same rules for everyone * knows what goes on at the grassroots level * takes ideas forward * employees' advocate * gives feedback * knows nurses in person * keeps debriefings * has the overall picture of doing

NURSE MANAGER'S ROLE		ASSISTANT NURSE MANAGER'S ROLE	
Our leader Our advocate	Authority	Manager in the daily work Immediate supervisor Intervenes, because is present Eyes & ears for NM	Authority
Manages human resources Overall control Resolves holiday entitlements and absences	Administrative tasks	Leads the daily affairs Coordinates patients´intake Holds it together Manages resources	Administrative tasks
Informs decisions and reforms	Communication information	Informs organizational affairs Reports to NM Communicates with nurses	Networking / information
Accessible Welcoming Cheerful Supportive	Interpersonal skills	Creates safety by being present Takes care of staff´s needs Gives guidance Knows employees, their strengths and weaknesses	Support
		Easy to approach Creates atmosphere Is present Asks what´s going on Takes care of nurses' well-being Gives time Reliable	Interpersonal skills

Figure 4. The characteristics of a leader and the distribution of leadership in home hospital.

5.2 Other emerged issues from leadership

Through out the interviews three themes repeated; setting goals, general comments to the nurse manager and the assistant nurse manager and nurses' professional development. Good feedback was given on the fact that one can be herself at the workplace and both managers' attitudes are always welcoming, warm and supportive if there is a need for deliberation.

5.2.1 Organizational goals

The interviews revealed that all of the interviewees were not aware of the organizational goals. The basic functioning of the unit and the daily tasks were obviously known, but the part of the unit in the big picture was a bit unclear. Since the roles of the nurse manager and the assistant nurse manager were unclear, it has effects on nurses' daily actions as well. To have information about organizational goals was seen as an important factor regarding motivation, the meaningfulness and relevance of the work and ambition.

> 'Me halutaan olla hyviä, ellei parhaita'
>
> 'We want to be good, if not the best'
> (Interviewee b)

For the patients' equitable and quality care common goals and rules were also seen mandatory.

> 'Kaikki säätää omalla tyylillään ja semmonen kokonaisuuden hallinta jää vajaaksi'
>
> 'Everyone 'hustles' in their own way and the overall control is left inadequate'
> (Interviewee c)

It was assumed that by setting and promoting goals it is possible to get nurses to work more effective. If tracking and measurement that is in use in the organization, would be shared with nurses, nurses would be more productive. When one knows where to focus, the goals are more easily achieved. Through numbers and figures it would be also easier for the nurse manager to give feedback.

> 'Yks meidän tavoitehan on, että kotikuolemien määrä pitäis lisääntyä määrällisesti... kuinka paljon meidän oma toiminta muuttuis...

> me tuettas ehkä eri tavalla omaisia, eihän me voida niitä pakottaa, mut pystyttäs me tekee viel enemmän...'
>
> 'One of our goals is that the number of home deaths should rise... how much our own action would change... we would maybe support the relatives differently, of course we can't force them, but we could do even more...'
> (Interviewee d)
>
> 'Jossei sul oo tavoitteita, jos sä et mee mitään kohti yhtenäkään vuotena... hoidat potilaat, opit matkan varrella uutta, kun tulee uusia sairauksia, laitteita, hoitojuttuja, mut kun tietty päämäärä puuttuu, ni se tuntuu samalta... kun asetetaan tavoitteet vuoden alussa, niin vuoden lopussa sä tiedät et sä oot saanu jotain aikaseks'
>
> 'If you don't have goals, if you are not going towards anything in any year... you take care of the patients, you learn along the way, when new diseases, equipment,nursing stuff appears, but when a certain goal is missing, it feels the same... when you set goals in the beginning of a year, at in the end of the year, you know that you have accomplished something'
> (Interviewee d)

There have to be beginnings and endings with the measured actions, otherwise the work feels monotonous and motivation gets lost. Also mid-term reviews are required, so one knows where to improve in order to reach the goal.

> 'Meidän työyksikössä on ihan mielettömiä naisia, joilla on potentiaalia vaikka mihin, ja mä luulen, että niitten potentiaali on tällä hetkellä alikäytetty ihan vaan sen takia, ettei sitä potentiaalia saada johdettua esiin.'
>
> 'There are incredible women in our work unit, with tremendous potential, and I think, that their potential is underused at the moment , only because, the potential is not being lead out.'
> (Interviewee d)

5.2.2 Thoughts for the nurse manager and the assistant nurse manager

The main message was the request for a stronger and firmer approach regarding leadership. It was deemed as essential that either of the managers is present on weekdays.

'Jos kumpikin on poissa, kokonaiskuva katoaa, homma leviää ja koordinointi on haastavaa'

'If both are absent, the overall picture vanishes, business spreads and coordinating is challenging'
(Interviewee a)

'Se on niinku sama, kun on kotona, kun se äiti on siel kotona, ne tulee ja menee näin, mutkun sil on se paletti hallussa, ni se toimii, se on vähän niinku sama juttu täällä...'

'It is kind of the same as being at home, when the mum is there, they come and they go, but because she has it under control, it works, it is kind of same thing here...'
(Interviewee a)

The roles of leadership were considered to be unclear, particularly the assistant nurse manager's role. The assistant nurse manager was hoped to step more into a leading position compared to nursing. It was stated that when in need of professional expertise or guidance, a nurse could turn to collegial support according to the responsibility areas, contact a teaching nurse or consult a doctor. Also, by using online sources (terveysportti.fi) or calling to another ward, help and guidance can be received.

Challenges with information sharing and flow were noted both at the unit level and within the whole organization, and clear structures, ideas and suggestions for it to improve were demanded. Other comments for managers can be seen in figure 5.

* more of debriefings * more open communication and personal feedback * more rewards * meetings on regular basis with more nurses attending * keep promises, show respect * staff resources good * approachable and receptive, but things get half done * be present, ask, listen, observe, interact * positive, happy, mellow

Figure 5. Comments for the nurse manager and the assistant nurse manager.

5.2.3 Nurses' professional development

As the basic daily routines and functions of leadership need structuring, clarifying and developing, so does the nurses' professional development plan. There is a need for an individual training plan, which is made together with nurse manager according to areas of responsibility, personal interest and the needs of the work unit. Nurses undeniably need to be homing, but personal support to one's own educational development to also benefit organizational needs and goals is mandatory. By regular debriefing of certain patient cases, nurses gain new knowledge and enhance their professionalism.

5.3 Definitions and thoughts on work well-being

Work well-being was seen to be dependent on the balance of work and private life, autonomy, nurses' skills to execute the work and sufficient resources. Work well-being was combined with meaningful work and being satisfied with the work. The main focus was on mental and social aspects of work well-being. Work well-being was defined as good work atmosphere that has to be constantly maintained. It is also everyone's responsibility to maintain and enhance work well-being, so that it is nice to come to work. A lot of importance was given to collegial behavior regarding work well-being; collegial support, helping and encouraging each other, knowing and caring about colleagues, showing consideration, being close, respecting and trusting one another and especially giving positive feedback. These were the cornerstones to job satisfaction.

> 'Ei me olla ajatusten lukijoita, pitää muistaa sanoa, kun ajatellaan hyvää toisista'
>
> 'We are not mind readers, you have to remember to say, when you have good thoughts about another person'
> (Interviewee c)

When the mental and social aspects of work well-being are in balance, the tolerance of pressure and hurry increases. It is the leading spirit of meaningful work and it must be present on a daily basis, 'tyhy-päivä' or 'Christmas party' are considered as 'the cherry on a cake', but they are not enough on their own to maintain work well-being.

> 'Töissä vietetään niin monta tuntia vuodessa, et siel pitää olla hyvä olla, ei siin muuten oo mitään järkeä'

'So many hours are spent at work yearly, one has to feel good there, otherwise it doesn't make any sense'
(Interviewee d)

'Järjestystä pitää olla... lämminhenkisyyttä, kivoja juttuja... me vietetään täällä niin paljon aikaa'

'There has to be order... warmth, nice things... we spend so much time here'
(Interviewee b)

Emphasis was given to the importance of everyone doing their part for work well-being. Communicating with each other in a polite tone, with respect and kindness should be self-evident. Colleagues' negative attitudes decrease work well-being.

'Jos joku valittaa kaikesta tai ei osaa käyttäytyä, niin ilmapiiri laskee ad 7, muuten parhaimmillaan 9'

'If somebody is complaining about everything or can't behave, then the atmosphere drops to 7, otherwise it is at its best at 9'
(Interviewee b)

Nurses' perspectives about work well-being and factors decreasing and supporting it can be seen more specifically in the figures 6 and 7.

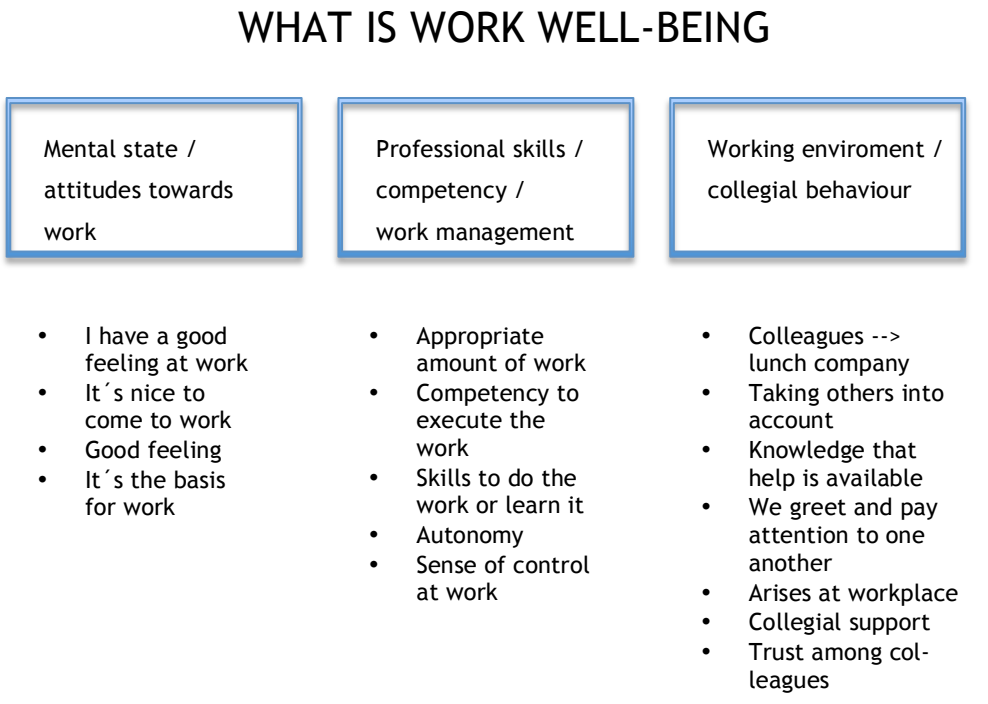

Figure 6. Ideas and perspectives about work well-being in the home hospital.

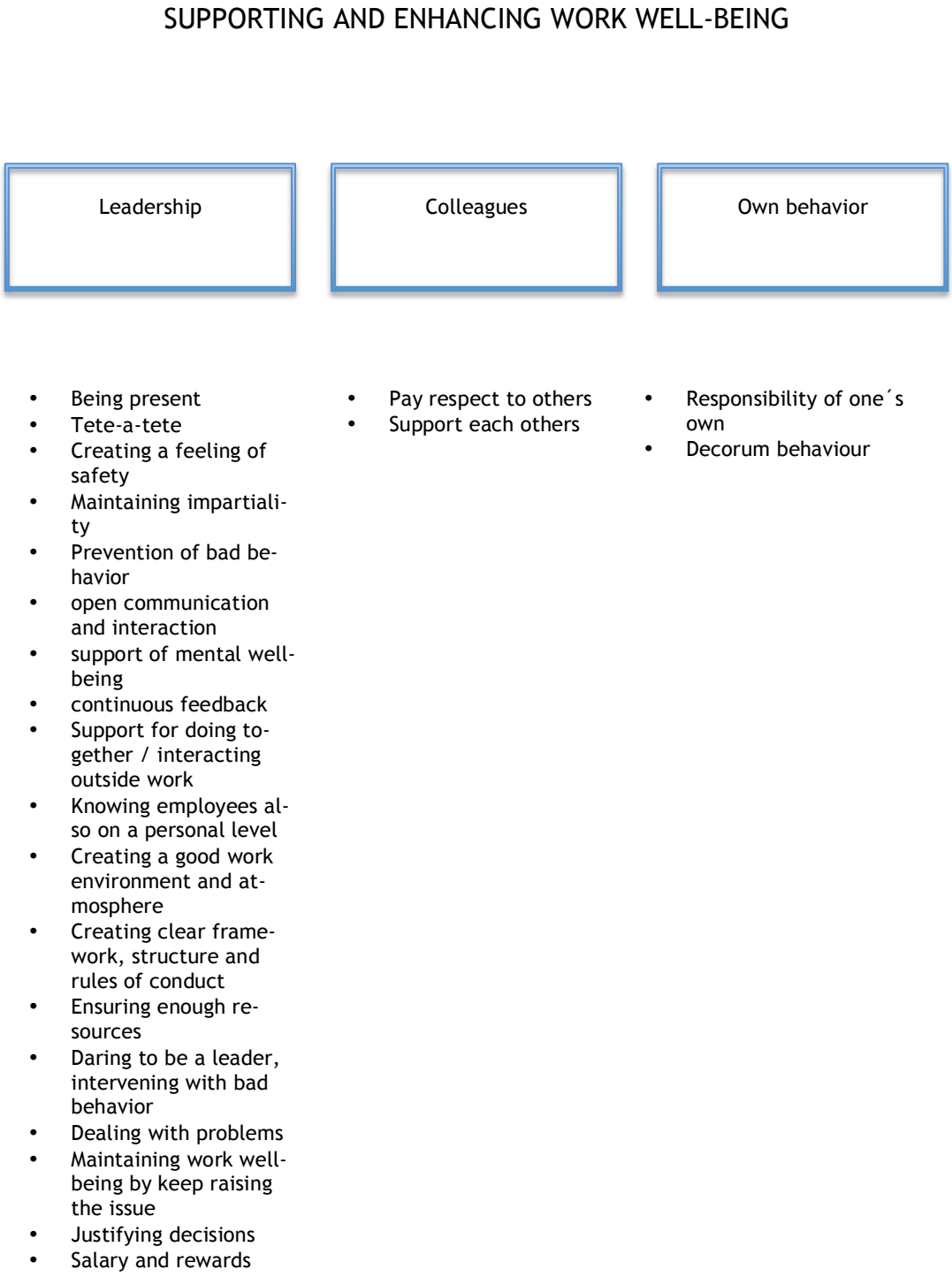

Figure 7. Supporting factors of work well-being.

5.4 The supporting role of leadership in work well-being

The main role of leadership in supporting work well-being was thought to be creating a framework and optimal settings for work. Intervening in and eliminating everything that prevents work well-being are included in the manager's responsibilities. Enabling nurses to impact their work, being flexible and justifying changes improve work well-being. Feedback was experienced greatly important not only for professional development and motivation, but for self-confidence as well.

> 'Aoh sanoi spontaanisti, et ai tekin jännitätte tommosia asioita, et mä luulin et te ootte ihan superhoitajia... se tuntu niin hyvältä... se ei näy, et hän pitää meitä superhoitajina... mut sä kasvat 2-3 cm... tulee tunne, et mä pystyn tänään vaikka mihin, se on naurettavaa, kuinka vähällä saa superpaljon'
>
> 'The assistant nurse manager said spontaneously, ooh, you too are nervous about those kinds of things, I thought you were supernurses... it felt so good... it doesn't show that she thinks we are supernurses... but, you grow 2-3 cm... you get a feeling that you can accomplish anything today, it is ridiculous, with how little you can get so much'
> (Interviewee d)

Good and open communication and interaction between the leaders and employees are seen as the most important factors for good work well-being. As figure 7. shows, leadership characteristics have bigger impact in work well-being than administrative factors. Assistant nurse manager was seen to be acting more on the basis of leadership while nurse manager on the basis of administrative matters.

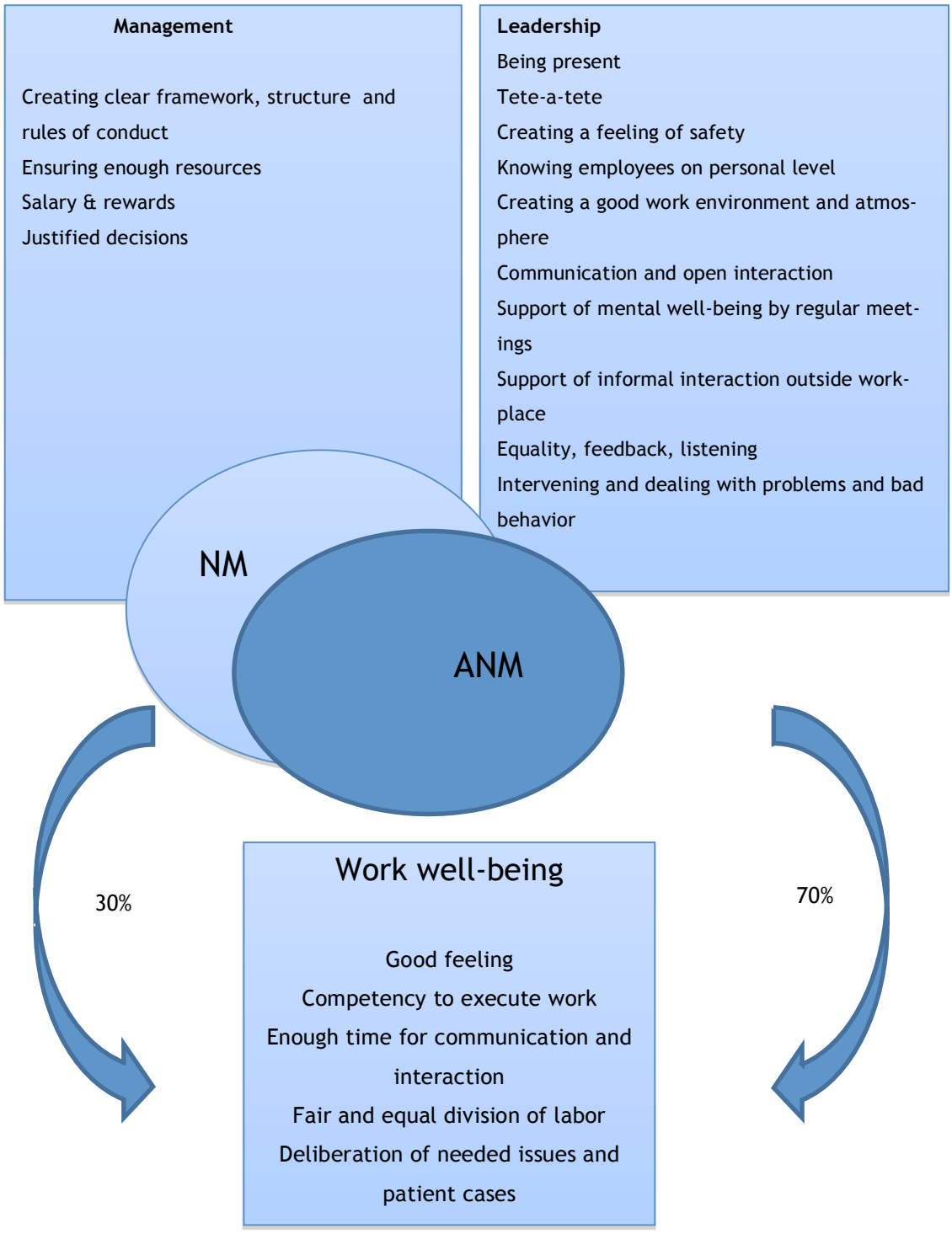

Figure 8. The roles of the nurse manager and the assistant nurse manager as leaders in connection with work well-being.

6 DISCUSSION

6.1 Ethical issues

The research was conducted with rigorous scientific practice meaning honesty and precision with data collection and results (Hirsjärvi et al. 2010, 23 – 24). The answers were listened through with extreme precision and after transcribing and thematizing, listened through once more. Personal data act's section 14 necessitates that all respondents must volanteer consent for the participation of the study. All interviews were conducted with participants informed consent, anonymously and in addition participation decision made upon open information about the purpose of the research. Participants had the right to withdraw from the study at any time. The interviews were recorded to preserve all the information. The research was requested and approved by the nurse manager of the home hospital. Research permit was acquired and granted. The data and recordings were stored safely, without the participants' identification, only accessed by the researcher, and were destroyed duly after the research was completed and the final reporting done. The researcher's mission was to provide reliable information. It required critical attitude, motivation and interest in finding supplementary data. A researcher must have competence and integrity attaining to confidentiality and accuracy, deception is morally unacceptable. (Denzin & Lincoln 2003, 217 – 219; Mäkinen 2005, 188.) Since the researcher is a colleague of the interviewees, the execution of the research needed extra accuracy in keeping the research as objective as possible and guaranteeing anonymity and the trust of the interviewees (Janhonen & Nikkonen 2001, 39). The findings were on the other hand easy to comprehend due to the collegial relationship between the intervieew and the researcher, and then again this created challenges for obtaining objectivity. Objetivity was verified by acknowledging the matter and through extremely accurate interpretation of answers and results. Nevertheless, the gained results might have been somewhat different, had a complete stranger conducted the research. However, great emphasis has been given to guarantee the worthiness of the research, the value of informed consent regarding colleagility between interviewer and intervieews, minimaze any harm to the interviewee through honesty and maximize integrity and confidentiality. (Miles & Huberman 1994, 290 – 294.)

6.2 Trustworthiness

Science aims to be objective. The researcher's mission is to produce reliable information and the researcher's opinions must not affect the results. The deciphering of the results should be done critically and neutrally. The goal is in producing and developing accurate and proper information. (Mäkinen 2005, 10, 188.)

This research is qualitative and hence the reliability and validity of the research must be reviewed accordingly. Reliability signifies repeatability of the research and validity signifies the chosen research method measuring what was intentioned. The absence of systematic analytic procedures sets challenges for validity. In qualitative research, results are always local and historically changing. Through the unique situation an interview provides, it is more useful to evaluate the trustworthiness of the whole research. Qualitative research is always subjective: how the individual experiences and what kind of meanings is given to the topic or phenomenon. The researcher makes the final decision on what to use or emphasize in the interviews and makes it hence subjective. To achieve optimum objectivity, should accurate description about the execution of the study be written. Details about the sampling strategy, possible distractions and misinterpretations and the complete narration of the interviews are presented for transparency and rigour. Reliability is also achieved by reaching a saturation point, where no new information is discovered by adding extra interviews. (Bourgeault, Dingwall & de Vries 2010, 309; Eskola & Suoranta 2000 : 62 - 63; Hirsjärvi et al. 2010, 231 – 232; Polit et al. 2001, 381; Tuomi & Sarajärvi 2009, 20, 66 – 67, 136.)

In this research the saturation point was already reached with the four interviews and some generalizations could be made. In fact, it was noteworthy that several answers to same themes were identical, word for word. However, it must be taken into account that the volunteers for the interviews may have possessed clear and strong opinions to be told and maybe the silence of the employees not involved is an affirmation for contentment. The findings of this thesis cannot be generalized to other units as such, but can be utilized as an introduction to these subjects. In this unit, based on findings, changes and improvements can be made in order to enhance work well-being. The findings of this research were highly parallel and comparable to the theory written about the topics and thus confirms the theory further. The atmosphere in the interviews, in the researcher's opinion was open and trusting, resulting in a reliable and significant end result for the home hospital. Theses can be used as a perfect and comprehensive start for discussion attaining changes and improvements.

6.3 Discussion on findings

The purpose of this thesis was to gain information about the current situation in the home hospital about leadership and work well-being in order to clarify the nurse manager's and the assistant nurse manager's roles as leaders, as well as demonstrate and point out leaderships connection to work well-being. Health care is facing many challenges in the coming years and enhancing nurses' work well-being becomes mandatory. Albeit the findings of this thesis are local, they can work as opening for debate about the issues and hence benefit the whole organization. The home hospital, where this research was conducted, prevails a unique situation with low leadership status, due to the shared nurse manager's position between

three departments and the unclear position of the assistant nurse manager. The aim for this research was to obtain proper data and knowledge about these matters instead of informal discourse, or to prove the discourse correct. A semi-structured interview was a valid method for achieving a state of play.

The questions related to the nurse manager's and the assistant nurse manager's roles were a bit challenging, all the interviewees considered the nurse manager as the 'leader', but due to her absence, the assistant nurse manager was considered as the immediate supervisor and therefore wishes for her increased role as a leader were presented. A clear clarification about the assistant nurse manager's job descriptions was impossible to gather. The results from the research operate as commencement for discussion on the subject. The utmost priority is to clarify the roles of the two managers, especially create a clear framework for the assistant nurse manager's position and have either manager present on weekdays. There is a demand to assistant nurse manager’s position altering more to a leader position from working 60 percent as a part of nursing staff.

Marja-Liisa Manka's (2013) vision of good leadership is very similar to interviewees' opinions. A good leader guarantees the conditions for employees to execute their work, gives a say to employees', is positive and open, inspires and encourages by praising, giving thanks and feedback, is present and asks for feedback herself for continuing development. A good leader is fair, upright and not afraid to address the problems and make decisions. When questions on a regular basis from employees about what can be done in order to add work well-being are asked and acted on them, a leader cannot go wrong. Great attention must be paid to a leader's own well-being maintenance and recovery. Good leadership needs active employees, a leader cannot achieve it alone.

An employee must posses good organizational citizenship behavior (työyhteisötaidot) that consists of fair and polite behavior. Complaints about temporary difficulties are not presented, or cause harm or bother to colleagues or employer, and apology is asked. An employee is expected to help actively and exceed their duties, give and ask for feedback. An obligation to participate creating comfort in the workplace, use resources judiciously, cooperate, express opinion and enhance positive work atmosphere are duties of an employee. (Manka 2013) This being directly proportional to the answers about collegial effect and support on work well-being in the thesis.

The issues presented as results in the study regarding the lack of knowledge about organizational goals, and the overall view decrease patient quality, nurses' motivation and effectiveness. Manka agrees that reasons for problems in job satisfaction may be the lack of clarity in the objectives and tasks, lack of information or the lack of opportunity to influence.

Also, differences in age and generation, pressure and hurry or a poor work atmosphere can cause distress and problems. Ways to overcome these are friendliness, helping others and respect. Creating common rules and addressing problems intellectually and analytically – what is good and what needs to be developed - in the workplace are mandatory. (Manka 2013; Ranta & Tilander 2014, 103.) Well conducted leadership in itself supports work well-being. In home hospital, clear structures, goals and firmer leadership must be generated and a method for systematic information sharing established. Through a range of responsibilities can a development plan for nurses be made to increase motivation and the quality of care.

An interesting fact is that according to several studies, leaders always rate working conditions, work well-being and work itself more positively than personnel (Hakanen, Harju, Seppälä, Laaksonen & Pahkin 2012, 73). That is why the ongoing open and genuine communication is the only way to address the state of work well-being. Performance appraisals are mandatory for getting feedback and for the development of the nurses' individual competences and education, but are not enough alone as personal support regarding work well-being. (Ranta & Tilander 2014, 150 – 151.)

One of the main goals of the 'Health 2015' -public health programme was to improve and develop workplace conditions so that people will cope longer in work life (Ministry of social affairs and health, 2001). It seems this has not been accomplished. The latest results from the Working Life - Barometer of nurses about work well-being and and the acctractiveness of nursing were deteriorated. (Sairaanhoitajien työolobarometri 2014). Leaders can make meaningful and big improvements regarding work well-being by securing sufficient resources, allowing nurses to have autonomy in balancing work and private life, supporting skills development, and creating a clear structure and rules of conduct. The importance of interpersonal skills, supportive colleagility, and polite behavior has to be emphasized and supported by leaders.

In the roles of an inspirer and an enabler of work well-being, management and immediate supervisors are in the core, especially in the field of health care where interpersonal skills and group dynamics are of great importance (Sinisammal et al. 2011, 32 – 33). Genuine and profilic discussion requires time and this has to be enabled by leaders. Regular meetings about the issues of work well-being could be established.

Albeit according to the findings a leader has the biggest impact as an enabler and a framework setter for work well-being, by the emphasis on the answers of the interviews, in the daily work nursing colleagues have a greater role in the emergence of work well-being. According to Goleman et al. a leader's mood and behavior are important factors in employees' feelings and action. A smiling face and happy-happy attitude are not enough, but optimistic,

sincere and realistic behavior is needed. The mood needs to be authentic, because even completely nonverbal expressiveness can affect people. A leader's example is the most powerful, because everyone pays attention to the boss. When a leader is in a happy mood, people around see everything more positively. When having an optimistic attitude, creativity enhances and we tend to be more helpful. An upbeat environment fosters mental efficiency and people being more flexible. Researches have proven frequently how emotions spread whenever people are interacting, consequently other people determine our moods. (Goleman, Boyatzis & McKee 2014, 35 - 36, 38 – 39.)

As mentioned earlier, work well-being is a subjective experience and is composed of different factors. A good work environment and atmosphere, interesting work and an inspiring and fair leader are the base on which to build (Sinisammal et al. 2011, 30, 33). Keltikangas-Järvinen states an interesting point that it is naive to think that a satisfied and healthy employee would automatically be effective and productive (Juuti & Salmi 2014, 148).

The results are equally matched with the work resources listed in the publication of the Institute of Occupational Health: autonomy of work, clarity of goals, development of work, feedback, empowering team, justice, trust, kindness, and considerate interaction. (Hakanen et al. 2012, 76.)

A message that does not support the theory was the interviewees' opinions about the assistant nurse manager rather taking more responsibility as a leader and not as a professional expert. As one of the interviewees said: 'we take care of patients, somebody has to take care of us'. There was an emphatic need for either of the managers being present on a daily basis. This was thought to promote security and structure as such. An interesting outcome of the interviews was that patients have little, if any, input in work well-being.

According to research studies, strategic work well-being is managed only in one-third of the organizations. However, it is much harder to amend a poor work atmosphere, than to prevent it. The premise for a developing work well-being is the possibility to express all feelings constructively. In a healthy and permissive team, all members are valued and respected, but to be able to do that one has to value oneself as well. People need each other in order to develop as a person. In a workplace, relationships are often contradictory and disharmonious. (Juuti & Salmi 2014, 50, 97, 188, 246, 248.)

This is why there cannot be enough emphasis on genuine interaction and profilic communication. The importance of interpersonal skills, supportive collegiality, and polite behavior must be emphasized. This study hopes to accomplish a renewal of the prevalent leadership roles as well as more emphasis to work well-being. Science is self-reactive,

leadership paradigms' change with time, organizations and society face ongoing challenges, and where people are involded there is always complexity as well as enormous possibilities.
In my opinion the most meaningful and powerful way to manage and overcome the challenges life always offers, is to be better at communication.

Sandra Davidson, a RN and a doctoral candidate, introduces a new interesting framework for leaders – complex responsive processes (CRPs) which is about truly focusing on the interaction between people, and 'seven da Vincian' principles as a personal tool to help people to thrive. The power to shape the future of health care lies within relationships. When technology develops and increases in the daily work, and the only certain thing is constant change, the relationships between people within organizations are the domain and work of leaders, rather than hunting a goal or benchmark. To thrive in the middle of the unknown, organizations and leaders must embrace new ways of being and interacting. The field of health care, especially, has been slow and reluctant to adapt to the new era of leadership. When people interact in the living present, organizations are born, so the future develops from moment-to-moment interactions. When the focus is on the here and now, change and complexity are experienced differently. Da Vincian' the seven principles offer a new way of being and help with true interaction. 1.Arte/Scienca. Balance between logic and imagination. There are five capacities for understanding the truth; science, practical wisdom, theoretical wisdom, intuition and art. Transferred to nursing and to give high quality care, these are evidence from research, assessment of patient and health care resources, clinical expertise, patient preferences, and values and shared decision making between the patient and nurse. 2.Curiosita. Always have a curious mind and an approach to life and for continuous learning. By relating and conversing we accomplish innovations. 3.Sensazione. Being sensitive in order to observe. When people are aware of surroundings, self-reflection and learning from mistakes is possible. 4.Dimostrazione. Test knowledge through experience and learn from it, challenge the status quo. This is the creation of practical wisdom. 5.Sfumato. Embrace ambiguity, paradox and uncertainty. The future remains unknown, but it is still recognizable. Understand that the future is under constant construction. 6.Coropalita. Take care of the mind and body. 7.Connessione. Recognize and appreciate the interconnectedness of all things. Grow and evolve with others, because in the end, our own actions and relationships can and do shape the organization we are part of each and every day. (Davidson 2010, 108 – 110, 112 – 113, 115.)

6.4 Future challenges

There is a lot of evidence why work well-being is an important subject to maintain and enhance in health care. A nurse's ability to cope at work and patients receiving good quality care are valuable goals. The topic was so timely that new researches and publications similar

to the findings from this thesis appeared continuously. It supports the importance of the subject and indicates that there are enough of researches and theoretical knowledge, now the challenge and next step is in implementing the already known. According to the results from this thesis a list of topics currently causing distress at the home hospital are made into a to-do list in order to improve and amend the issues.

1. Clarifying the job description of the assistant nurse manager and the creation of a clear framework.

2. Creation of a clear framework for daily work activities.
   - uniform rules of conduct
   - allocation of range of responsibilities

3. Definition of the overall situation
   - setting unit goals and communicating the set organizational goals
   - follow-up and feedback
   - measurement (occupancy percentage, performance bonus, rewards)

4. Making of personal professional development plans for nurses in performance appraisals.

5. The continuation and increase of regular meetings and the emphasis on continuity of dealing with necessary matters.

6. Improvement of information sharing
   - creation of common rules and practises for the enhancement of communication and information flow.

After these objectives have been carried out and executed, a future challenge could be to conduct a follow-up study, in order to see whether the necessary issues have been improved. Discussion about what is the best way to monitor work well-being and overall job satisfaction in this unit is important to have. The organizational values and descriptions about work well-being are written in such a general level that in order to actually be of use, they should be, at certain intervals, looked over more specifically per unit. A research about how the nurse manager and the assistant nurse manager comprehend their roles as leaders and how they support work well-being would be interesting to conduct.

There are several different indicators and surveys about the state of work well-being to be used, but the only one this organization uses, is conducted once a year and the sample is so extensive that the results are for illustrative purposes only. A couple of options to consider

are 'The Good Job Criteria -inquiry' made by The Finnish Nurses Association (Sairaanhoitajliitto 2013.) or The Centre of Occupational Safety's 'The stairs of work well-being' -work book that could be conducted individually in every unit (Työturvallisuuskeskus 2009.) Also the publication of The Finnish Nurses Association 'Nurses' Colleagility Guidelines' - should be mandatory to go through from time to time. (Sairaanhoitajaliitto 2014.) An interesting research from the Finnish Institute of Occupational Health is to be published in the near future; *Organizational resources predicting employee well-being and performance (RESOURCE).* A conversation about work well-being is easily raised again through the publication.

REFERENCES

Abualrub, R. & Alghamdi, M. 2012. The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses. Journal of Nursing Management, vol 20 (5), p. 668-678.

Agin, E. & Gibson, T. 2010. Developing an innovate culture. T + D magazine, July 2010, p. 52 – 55.

Aiken, L.H., Sermeus, W., Van Den Heede, K., Sloane, D.M., Busse, R., McKee, M., Bruyneel, L., Raf- ferty, A.M., Griffiths, P., Moreno-Casbas, M.T., Tishelman, C., Scott, A., Brzostek, T., Kinnunen, J., Schwendimann, R., Heinen, M., Zikos, D., Sjetne, I.S., Smith, H.L., Kutney-Lee, A., 2012. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. BMJ 344, e1717, http://dx.doi.org/10.1136/bmj.e1717.

Ailasmaa, R. 2013. Sosiaali- ja terveyspalvelujen henkilöstön kansainvälinen liikkuvuus 2010. THL – työmarkkinat 4/2013. Retrieved 18.5.2014. http://www.julkari.fi/bitstream/handle/10024/104509/Tr14_13.pdf?sequence=4

Anttonen, H. & Räsänen, T. (eds.) 2009. Työhyvinvointi – uudistuksia ja hyviä käytäntöjä. TTL. Multiprint Oy.

Bourgeault, I., Dingwall, R. & de Vries, R. (eds.) 2013. The SAGE Handbook of Qualitative Methods in Health Research. London : SAGE publications.

Burns, N. & Grove, S. 2011. Understanding Nursing Research. Building an evidence-based practice. 5th edition. USA : Elsevier Saunders.

Cherry, M.A. 2011. Health care leadership: emotional intelligence competencies of hospitalist leaders. Doctoral Dissertation. Olivet Nazarene University.

Cowden, T., Cummings, G. & Profetto-McGrath, J. 2011. Leadership practices and staff nurses' intent to stay: a systematic review. Journal of Nursing Management, 2011, vol 19, p. 461 – 477.

Davidson, S. 2010. Complex Responsive Processes: A New Lens for Leadership in Twenty-First-Century Health Care. Nursing Forum, vol 45, (2), Apr-Jun, p. 108 – 117.

Denzin, N.K. & Lincoln, Y.S. (eds.) 2003. The Landscape of Qualitative Research, theories and issues. Second edition. Usa : SAGE publications.

Drucker, P. 2002. Druckerin parhaat. Suom. Ritva Liljamo. Helsinki : WSOY

Eskola, J. & Suoranta, J. 2000. Johdatus laadulliseen tutkimukseen. Neljäs painos. Jyväskylä : Gummerus.

Flinkman, M. 2014. Young registered nurses' intent to leave this profession in Finland – A mixed-method study. Doctoral Dissertation. University of Turku.

Goleman, D. 1998. a) Working with Emotional Intelligence. Great Britain : Bloomsbury.

Goleman, D. 1998. b) What makes a leader? Harvard Business review, Nov-Dec 1998, p. 93 – 102.

Goleman, D, Boyatzis, R. & A. McKee. 2014. Primal leadership: The Hidden Driver of Great Performance. Harvard Business Review Onpoint. Summer 2014.

Hakanen, J., Harju, L., Seppälä, P., Laaksonen, A. & Pahkin, K. 2012. Kohti innostuksen spiraaleja. Työterveyslaitos. Juvenus Print : Tampere.

Hakanen, J. & Perhoniemi R. 2012. Työn imu ja työuupumuksen kehityskulut ja tarttuminen työtoverista toiseen. Työterveyslaitos. Helsinki.

Hamelin Brabant, L., Lavoie-Tremblay, M., Viens, C. & Lefranqois, L. 2007. Engaging health care workers in improving their work environment. Journal of Nursing Management, 2007, vol 15, p. 313 – 320.

Heikka, H. 2008. Sosiaali- ja terveysjohtajan työn sisältö ja kompetenssit. University of Oulu. http://herkules.oulu.fi/isbn9789514287886/isbn9789514287886.pdf Retrieved 15.10.2014

Hietamäki, M. 2013. Elämänvaihelähtöinen henkilöstövoimavarojen johtaminen. Doctoral thesis. University of Eastern Finland.

Hillman, D. 2014. Understanding Multigenerational Work-value Conflict Resolution. Journal of Workplace Behavioral Health, 2014, vol 29, p. 240 – 257.

Hirsjärvi, S. & Hurme, H. 2006. Tutkimushaastattelu. Teemahaastattelun teoria ja käytäntö. 4th edition. Helsinki : Yliopistopaino.

Hirsjärvi, S., Remes, P. & Sajavaara, P. 2010. Tutki ja kirjoita. Hämeelinna : Kariston Kirjapaino Oy.

Hoitotyön johtamisen valtakunnalliset linjaukset. https://www.tehy.fi/@Bin/28584829/2014_linjaukset_netti_24%209%202014.pdf Retrieved 22.10.2014

Homburg, V., Van Der Heijden, B. & Valkenburg, L. 2013. Why do nurses change jobs? An empirical study on determinants of specific nurses' post-exit destinations. Journal of Nursing Management, 2013, vol 21, p. 817 – 826.

Hutchinson, D., Brown, J. & Longworth, K. 2012. Attracting and maintaining the Y generation in nursing: a literature review. Journal of Nursing Management, 2012, vol 20, p. 444 - 450.

Ihalainen, L. 2014. Työelämä 2020-hanke ja työelämän tulevat haasteet. Retrieved 7.5.2014 http://www.slideshare.net/fullscreen/Johtamisverkosto/tyoelm-2020-hanke-jatyoelamantulevathaasteetlauri-ihalainen/2

Janhonen, S. & Nikkonen, M. 2001. Laadulliset tutkimusmenetelmät hoitotieteessä. Juva : Bookwell.

Johansson, G., Andersson, L., Gustafsson, B. & Sandahl, C. 2010. Between being and doing – the nature of leadership of first-line nurse managers and registered nurses. Journal of Clinical Nursing, 2010, vol 19, p. 2619 – 2628.

Juuti, P. & Salmi, P. 2014. Tunteet ja työ. Uupumuksesta iloon. Juva : Bookwell.

Järviniemi, P. 2012. Muuttuvan työelämän tila ja tarpeet Suomessa. Report by Ministry of Employment and the Economy, 13/2012. Retrieved 20.4.2014. http://www.tem.fi/files/33156/TEMrap_13_2012.pdf

Kanste, O. 2005. Moniulotteinen hoitotyön johtanuus ja hoitohenkilöstön työuupumus terveydenhuollossa. Doctoral thesis. University of Oulu.

Kauhanen, J. 2009. Henkilöstövoimavarojen johtaminen. Helsinki : WSOY.

Kivimäki, M., Elovainio, M., Vahtera, J. & Virtanen, M. 2005. Johtaminen ja työntekijöiden hyvinvointi in Vuori, J. Terveys ja johtaminen. Helsinki : WSOY.

Koivunen, J. 2013. Työhyvinvointi osana esimiestyötä. Master's thesis. Aalto-University.

Kujala, P. 2014. Motivoiva johtaminen terveydenhuollon esimiestyössä. Master's thesis. University of Vaasa.

Kuvaas, B. 2011. The interactive role of performance appraisal reactions and regular feedback. Journal of Managerial Psychology, 2011, vol 26 (2), p. 123 – 137.

Kvist, T., Mäntynen, R. and Vehviläinen-Julkunen, K. 2013. Does Finnish hospital staff job satisfaction vary across occupational groups. BMC Health Services Research 2013, 13 : 376. http://content.epnet.com.nelli.laurea.fi/pdf29_30/pdf/2013/1CHS/01Oct13/97055453.pdf?T=P&P=AN&K=97055453&EbscoContent=dGJyMNLr40SeqLE40dvuOLCmr0yep69Ssaq4TbSWxWXS&ContentCustomer=dGJyMPGqtU%2B1qrZOuePfgeyx%2BEu3q64A&D=afh
Retrieved 22.9.2014

Laaksonen, H., Niskanen, J. & Ollila, S. 2012. Lähijohtamisen perusteet terveydenhuollossa. Helsinki : Edita Prima Oy.

Lindström, S. & Vanhala, S. 2013. Työhyvinvoinnin mahdollistaminen ja huolenpito: osastonhoitaja työhyvinvoinnin johtajana in Hyöty – hyvinvointia ja tuloksellisuutta hyvällä henkilöstöjohtamisella, Vanhala, S. (ed.) 5/2013, publication of Aalto-university.

Lyly-Yrjänäinen, M. 2014. Työolobarometri syksy 2013 ennakkotietoja. Työ- ja elinkeinoministeriön raportti 5/2014.

MacPhee, M., Chang, L., Lee, D. & Spiri, W. 2013. Global health care leadership development: trends to consider. Journal of Healthcare Leadership, 2013, vol 5, p. 21 – 29.

Manka, M-L. 2012. Työhyvinvointi muutoksessa. Tampereen yliopisto. Johtamiskorkeakoulu. https://www.vm.fi/vm/fi/04_julkaisut_ja_asiakirjat/03_muut_asiakirjat/20120612Alueja/07Manka_280812.pdf

Manka, M-L. 2013. Työyhteisötaidot ja työhyvinvointi. Aalto-university. https://www.youtube.com/watch?v=nFOTNTB5qO0 Retrieved 19.11.2014

Miettinen, M. 2005. Terveydenhuollon innovatiivisuuden esteitä, kannusteita ja mahdollisuuksia in Vuori, J. Terveys ja johtaminen. Helsinki : WSOY.

Miettinen, S. Miettinen, M. Nousiainen, I. & Kuokkanen L. 2000. Itsensä johtaminen sosiaali- ja terveysalalla. Juva : Bookwell Oy.

Miles, M. & Huberman, A. 1994. Qualitative Data Analysis. 2nd edition. USA : SAGE Publications.

Miner, R. 2013. Informal leader. Journal of Leadership, Accountability and Ethics, 2013, vol 10 (4), p. 57 – 61.

Ministry of social affairs and health. 2001. Terveys 2015 – kansanterveysohjelma. http://www.stm.fi/c/document_library/get_file?folderId=42733&name=DLFE-6215.pdf Retrieved 11.11.2014

Ministry of social affairs and health 2009. Johtamisella vaikuttavuutta ja vetovoimaa hoitotyöhön toimintaohjelma 2009-2011. Publication 18/2009.

Ministry of social affairs and health 2012. KASTE 2012 – 2015. Sosiaali- ja terveydenhuollon kansallinen kehittämisohjelma. Publication 1/2012.

Myllyniemi, S. 2013. Vaikuttava osa. Nuorisobarometri 2013. Retrieved 20.4.2014 http://www.tietoanuorista.fi/wpcontent/uploads/2014/02/Nuorisobarometri_2013_lowres1.pdf

Mäkinen, O. 2005. Tieteellisen kirjoittamisen ABC. Helsinki : Tammi.

Narinen, A. 2000. Terveydenhuollon osastonhoitajan työn sisältö tällä hetkellä ja tulevaisuudessa; tutkimus perusterveydenhuollon ja erikoissairaanhoidon osastonhoitajien ja ylihoitajien mielipiteistä. Doctoral thesis. University of Helsinki.

Nurminoro, S. 2012. Osastonhoitajien ja apulaisosastonhoitajien kuvauksia apulaisosastonhoitajan työstä. Master's thesis. University of Eastern Finland. http://www.nursecredentialing.org/Magnet/ProgramOverview/New-Magnet-Model.aspx

Nuutinen, S., Heikkilä-Tammi, K., Manka, M-L. & Bordi, L. 2011. Vuorovaikutteinen johtajuus eri sukupolvien työssä jatkamisen keinona. University of Tampere in Työelämän tutkimuspäivät 2011. Suomalainen työelämä eurooppalaisessa vertailussa. Retrieved 8.10.2014 http://www.uta.fi/jkk/synergos/tyohyvinvointi/oppaat/tyoelaman_tutkimuspaivat_2011.pdf

Parvinen, P., Lillrank, P. & Ilvonen K. 2005. Johtaminen terveydenhuollossa. Käytännöt, vastuut ja valvonta. Helsinki : Talentum.

Pekkola, P., Pedak, M. & Aula, P. 2013. Hyvinvointiviestintä. Osallistava sisäinen viestintä kuntaorganisaation työhyvinvointia rakentamassa. Research Report of Communication Research Centre and University of Helsinki, 1/2013. Unigrafia : Helsinki.

Perko, K. & Kinnunen, U. 2013. Hyvinvointia edistävä johtajuus - kahden vuoden seurantatutkimus kunta-alalla. 11/2013 publication of University of Tampere.

Personal data act (523/1999) Retrieved 17.5.2014 http://www.finlex.fi/fi/laki/ajantasa/1999/19990523#a523-1999

Phipps, S., Prieto, L. and Ndinguri, E. 2014. Emotional intelligence: is it necessary for leader development? Journal of Leadership, Accountability and Ethics, 2014, vol 11 (1), p. 73 - 89

Piha, K. & Poussa, L. 2012. Dialogi paremman työelämän puolesta. Helsinki : Talentum.

Polit, D.F., Beck, C.T. & Hungler, B.P. 2001. Essentials of Nursing Research. Methods, Appraisal and Utilization. 5th Edition. Philadelphia : Lippincott.

Ranta, I. & Tilander, E. 2014. Työhyvinvoinnin keinot. Hoitotyön vuosikirja 2014. Porvoo : Bookwell.

Reikko, K., Salonen, K. & Uusitalo, I. 2010. Puun ja kuoren välissä – lähijohtajuus sosiaali- ja terveydenhuollossa. Research Report. Turku University of Applied Sciences. http://julkaisut.turkuamk.fi/isbn9789522161284.pdf Retrieved 1.10.2014

Rigolosi, E. 2005. Management and Leadership in Nursing and Health Care. 2nd Edition. New York : Springer Publishing Company.

Rissanen, S. & Lammintakanen, J. (eds.) 2011. Sosiaali- ja terveysjohtaminen. Helsinki : WSOYpro

Sairaanhoitajaliitto. Nurses' Collegiality Guidelines. https://sairaanhoitajat.fi/wp-content/uploads/2014/10/KOLLEGIAALISUUS_A4_ENG.pdf Retrieved 19.12.2014

Sairaanhoitajaliitto. Hyvän työpaikan kriteerit. 2013. Retrieved 19.12.2014. https://sairaanhoitajat.fi/wp-content/uploads/2014/09/HYVAN_TYOPAIKAN_KRITEERIT_3_12_13.pdf

Sairaanhoitajaliitto. 2008. Matkalla Maineeseen-hanke. Retrieved 9.5.2014. https://www.sairaanhoitajaliitto.fi/@Bin/27378329/MATKALLA+MAINEESEEN.pdf

Sairaanhoitajien työolobarometri 2014. https://sairaanhoitajat.fi/wp-content/uploads/2015/01/Sairaanhoitajien-ty%C3%B6olobarometri-2014.pdf Retrieved 6.2.2015

Seeck, H. 2008. Johtamisopit Suomessa. Taylorismista innovaatioteorioihin. Helsinki : Gaudeamus.

Seitovirta, J., Partanen, P. & Kvist, T. 2013. Sairaanhoitajien palkitseminen – haastattelututkimus. Hoitotiede, 2013, vol 25 (4), p. 279 – 290.

Sherman, R., Chiang-Hanisko, L. and Koszalinski, R. 2013. The ageing nursing workforce: a global challenge. Journal of Nursing Management, 2013, vol 21, p. 899 – 902.

Sinisammal, J., Belt, P., Autio, T., Härkönen, J. & Möttönen, M. 2011. Tilanneherkkä työhyvinvoinnin johtamismalli. Premissi vol 4, p. 28 – 35.

Spence Laschinger, H.K., Wong, C.A., Cummings, G.G. and Grau, A.L. 2014. Resonant leadership and workplace empowerment: the value of positive organizational cultures in reducing workplace incivility. Nursing Economics, 2014, vol 32 (1), p. 5 – 15.

Spreitzer, G. & Porath, C. 2012. Creating sustainable performance. Harvard Business Review, Jan-Feb 2012, p. 92 – 99.

Sydänmaanlakka, P. 2003. Intelligent leadership and leadership competencies – developing a leadership framework for intelligent organizations. Doctoral Dissertation. University of Helsinki.

Sydänmaanlakka, P. 2009. Älykäs johtajuus. Ihmisten johtaminen älykkäissä organisaatioissa. Helsinki : Talentum.

Tomey, A.M. 2004. Guide to Nursing Management and Leadership. 7th edition. Missouri, USA : Mosby Inc.

Tsai, Y. 2011. Relationship between organizational culture, leadership behavior and job satisfaction. BMC Health Services Research, 11 (98), p. 1- 9.

Tuomi, J. & Sarajärvi, A. 2013. Laadullinen tutkimus ja sisällönanalyysi. 10th edition. Helsinki : Tammi.

Työturvallisuuskeskus. 2009. Työhyvinvoinnin portaat. http://www.tyoturva.fi/files/704/Tyohyvinvoinnin_portaat_tyokirja.pdf Retrieved 19.12.2014

Uotila, T-P., Viitala, R., Mäkelä, L. & Tanskanen, N. 2012. Goal awareness and performance matter in job well-being in Vanhala, S., Tilev, K. & Lindström, S. (eds.) Ristivetoa vai yhtä köyttä? Henkilöstöjohtaminen, työhyvinvointi ja tuloksellisuus. 2/2012 publication of Aalto-university.

Vesterinen, S. 2013. Osastonhoitajien johtamistyylit osana johtamiskulttuuria. Doctoral thesis. University of Oulu.

Viitanen, E. & Lehto, J. 2005. Lähijohtaminen ja -johtajuus: uusi johtamisympäristö kulttuuriperinteen muokkaajana In Vuori, J. (ed.) Terveys ja johtaminen. Helsinki : WSOY.

Viitala, R. 2004. Henkilöstöjohtaminen. Helsinki : Edita.

Viitala, R. 2007. Henkilöstöjohtaminen. Strateginen kilpailutekijä. Helsinki : Edita.

Viitala, S., Säntti, R. & Mäkelä, L. 2012. Organizational climate's connection to job well-being in Vanhala, S., Tilev, K. & Lindström, S. (eds.) Ristivetoa vai yhtä köyttä? Henkilöstöjohtaminen, työhyvinvointi ja tuloksellisuus. 2/2012 publication of Aalto-university.

Vitello-Cicciu, J.M. 2003. Innovative leadership through emotional intelligence. Nursing Management, vol 34, October 2003, p. 28 -32.

Vuori, J. (ed.) 2005. Terveys ja johtaminen. Helsinki : WSOY.

Vuori, J. & Siltala, J. 2005. Työorientaatiot, hyvinvointi ja johtamistehtävät in Vuori, J. Terveys ja johtaminen. Helsinki : WSOY.

Wilkinson, R. & Pickett, K. 2009. Why equality is better for everyone. Suomennos Markus Myllyoja. Juva : Bookwell.

Yoder-Wise, P.S. (ed.) 2014. Leading and Managing in Nursing - 5th edition. Missouri, USA : Elsevier / Mosby.

Österberg, M. 2007. Henkilöstöasiantuntijan käsikirja. Helsinki : Edita.

FIGURES

Figure 1. Transformative and transactional leading and the characteristics of paradigms.
Figure 2. Factors affecting work well-being.
Figure 3. An example of the content analysis.
Figure 4. The characteristics of a leader and the distribution of leadership in home hospital.
Figure 5. Comments for the nurse manager and assistant nurse manager.
Figure 6. Ideas and perspectives about work well-being in the home hospital.
Figure 7. Supporting factors of work well-being.
Figure 8. The roles of the NM and the ANM as leaders in connection with work well-being.

Appendices

Appendix 1. Letter of consent to nurses in finnish 64
Appendix 2. Research theme questions in finnish 65
Appendix 3. Letter of consent to nurses in english 66
Appendix 4. Reserch theme questions in english 67

Appendix 1

Suostumus haastattelututkimukseen ja haastattelun nauhoitukseen

Tutkimus: Laurea ammattikorkeakoulu Otaniemi / YAMK opinnäytetyö:

Henkilöstöjohtaminen ja sen tukeva rooli työhyvinvoinnissa kotisairaalassa.

Tutkija: Nina Tenlenius-Maurola

Minulle on selvitetty yllämainitun tutkimuksen tarkoitus ja tutkimuksessa käytettävät menetelmät. Olen tietoinen siitä, että tutkimukseen osallistuminen on vapaaehtoista. Haastattelut tehdään ehdottoman luottamuksellisesti. Olen myös tietoinen siitä, että tutkimus ei aiheuta minulle kustannuksia ja henkilötietojani ei tallenneta tai käytetä missään vaiheessa tutkimusta, osallistuminen tapahtuu täysin anonyymisti. Aineisto hävitetään tutkimuksen jälkeen asianmukaisesti.

Suostun siihen, että minua haastatellaan, haastattelu nauhoitetaan ja haastattelussa antamiani tietoja käytetään tämän tutkimuksen tarpeisiin. Voin halutessani keskeyttää tutkimukseen osallistumisen milloin tahansa, ilman minkäänlaisia selityksiä ja seuraamuksia.

Tutkimuksen tarkoituksena on tuottaa uutta tietoa kotisairaalalle työhyvinvoinnin lisäämiseksi. Tämä tutkimuslupa täytetään kahtena kappaleena, joista toinen jää haastateltavalle ja toinen haastattelijalle.

Päiväys_____

Tutkittavan allekirjoitus ja nimenselvennys

_____

Tutkijan allekirjoitus ja nimenselvennys

_____

Appendix 2

Haastatteluteemat:

1. Osastonhoitajan ja apulaisosastonhoitajan rooli

Miten koet osastonhoitajan ja apulaisosastonhoitajan roolin johtajana kotisairaalassa?

Mikä merkitys johtajuudella on hoitajan päivittäiseen työhön?

Millaista on onnistunut johtaminen mielestäsi?

2. Keskustelua työhyvinvoinnista

Määrittele mitä työhyvinvointi sinulle merkitsee?

Mikä merkitys osastonhoitajalla ja apulaisosastonhoitajalla on mielestäsi työhyvinvoinnin kannalta?

Miten koet itse edistäväsi työhyvinvointia?

3. Mitä ehdotuksia sinulla on osastonhoitajalle ja apulaisosastonhoitajalle ?

Appendix 3

Informed consent for interviews

Research: Laurea University of Applied Sciences / Otaniemi / Master's thesis:

Leadership and its supporting role in work well-being at a home hospital

Researcher: Nina Tenlenius-Maurola

I am aware of the goal of this thesis and I certify that I have been told of the confidentiality of information collected for this research and the anonymity of my participation. I agree that any information obtained from this research may be used in any way thought best for this study.

I agree voluntary to participate in one electronically recorded interview for this research. I understand that the interview and related materials will be kept completely anonymous, and that I have been advised that I am free to withdraw my consent and to discontinue participation in the research at any time without explanations and sanctions.

The research's goal is to produce information for home hospital in order to add work well-being.
The informed consent form is made in duplicate, one for the interviewee and one for the interviewer.

Date_____

Name and Signature of Interviewee

_____

Name and Signature of Interviewer

_____

Appendix 4

Interview themes

1. The roles of nurse manager and assistant nurse manager

How do you see their roles as leaders at home hospital?

What is the importance of leadership in a nurse's daily work?

What is succesful leading like in our opinion?

2. Discussion about work well-being

Define work well-being?

What is the relevance of nurse manager and assistant nurse manager regarding work well-being?

How do you promote work well-being yourself?

3. Suggestions for the nurse manager and the assistant nurse manager