

THEORETICAL ARTICLE/ESSAY

Developing nursing leadership: Theoretical essay based on Peter Senge's concept of learning organization

Desenvolvimento da liderança por enfermeiros: Ensaio teórico reflexivo à luz da organização de aprendizagem de Peter Senge

Desarrollo del liderazgo por parte de los enfermeros: Ensayo teórico reflexivo según la organización de aprendizaje de Peter Senge


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Abstract

Background: This theoretical essay reflects on the use of Peter Senge's concepts - learning organization, the five disciplines, and the ecology of leadership - as tools for developing nursing leadership in hospital settings.

Objective: To reflect on Peter Senge's concepts of learning organization and the disciplines of systems thinking, personal mastery, mental models, building shared vision, and team learning as resources for developing nursing leadership.

Main topics under analysis: Theoretical analysis of the definitions and use of Peter Senge's concepts of learning organization, the five disciplines, and the ecology of leadership.

Conclusion: The use of Peter Senge's concept of learning organization promotes the reflection on developing nursing leadership, which is consistent with the need for qualified professionals in health services.

Keywords: leadership; nursing; learning; nurse's role; health services administration; organizations

Resumo

Enquadramento: Este ensaio teórico apresenta uma reflexão sobre o uso dos preceitos teóricos de Peter Senge, com a organização de aprendizagem a partir das cinco disciplinas e da ecologia da liderança, como instrumentos para o desenvolvimento da liderança por enfermeiros em ambiente hospitalar.

Objetivo: Refletir acerca dos conceitos da organização de aprendizagem de Peter Senge, a partir das disciplinas do pensamento sistémico, domínio pessoal, modelos mentais, visão compartilhada e aprendizagem em equipa, como um recurso para o desenvolvimento da liderança por enfermeiros.

Principais tópicos em análise: Análise teórica-reflexiva dos conceitos, definições e aplicação da organização de aprendizagem com as cinco disciplinas e a ecologia da liderança na perspectiva de Peter Senge.

Conclusão: O emprego da organização de aprendizagem de Peter Senge fomenta a reflexão acerca do desenvolvimento da liderança por enfermeiros, o que se coaduna com a necessidade de atuação de profissionais preparados nos serviços.

Palavras-chave: liderança; enfermagem; aprendizagem; papel do profissional de enfermagem; administração de serviços de saúde; organização

Resumen

Marco contextual: Este ensayo teórico presenta una reflexión sobre el uso de los preceptos teóricos de Peter Senge, con la organización de aprendizaje a partir de las cinco disciplinas y la ecología del liderazgo como instrumentos para el desarrollo del liderazgo de los enfermeros en un entorno hospitalario.

Objetivo: Reflexionar sobre los conceptos de la organización de aprendizaje de Peter Senge, a partir de las disciplinas del pensamiento sistémico, el dominio personal, los modelos mentales, la visión compartida y el aprendizaje en equipo, como recurso para el desarrollo del liderazgo de los enfermeros.

Principales temas en análisis: Análisis teórico-reflexivo de los conceptos, las definiciones y la aplicación de la organización de aprendizaje con las cinco disciplinas y la ecología del liderazgo desde la perspectiva de Peter Senge.

Conclusión: El empleo de la organización de aprendizaje de Peter Senge favorece la reflexión sobre el desarrollo del liderazgo por parte de los enfermeros, lo que está en consonancia con la necesidad de contar con profesionales preparados en los servicios.

Palabras clave: liderazgo; enfermería; aprendizaje; papel del profesional de enfermería; administración de los servicios de salud; organización



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Introduction

Since March 2020, the SARS-CoV-2 pandemic has created a serious public health situation worldwide. In this context of crisis, health professionals, particularly nurses, have played a central role on the front lines. This circumstance has provided the recognition of the nursing profession and its historical struggle for valorization and recognition (Cassiani & Neto, 2018; Viegas, 2020).

In this sense, developing nursing leadership becomes even more relevant as it includes all professional settings in searching for professionals who present the attributes required by practice, i.e., who are committed and determined. However, this profile must be built since graduation, improved, and enhanced during training and when entering the labor market. This way, these professionals can gather the experiences acquired from practice, train, and be qualified for using their skills and carrying out their responsibilities (Dyess et al., 2016; Frota et al., 2020; Santos et al., 2021).

Similarly, it is worth noting the joint commitment of higher education institutions and health organizations to encourage and strengthen the development of nurses' skills (Cassiani & Neto, 2018; Mendes, 2015; Santos et al., 2021).

Globalization has brought together people and their cultures, fostering dialogue and the socialization of knowledge, experiences, and relationship networks, which has led to a decline in traditional management hierarchies and the opening of spaces and incentives for learning, innovation, and constant adaptation (Senge, 2018). These macroenvironment aspects directly interfere with health services and how actions related to them are carried out. Thus, when looking at the hospital environment as a complex work organization, it becomes essential to create learning spaces that assist its professionals, particularly regarding the influence of the organizational culture. In this sense, using the learning organization concept allows hospital systems and staff to adopt, develop and adapt effective and efficient evidence-based solutions in their health services (Lyman et al., 2018).

Using approaches facilitating the development of nurse leaders in hospital settings emerges as a knowledge integration resource based on a system transformation model (Santos et al., 2021), such as the learning organization concept. This study uses Peter Senge's (2018) concepts of learning organization and the five disciplines.

Although this theoretical framework comes from the administrative field, it has been adopted in health and nursing, seeking to attribute new meanings to actions. It is an invitation to shifting minds and behaviors, which Senge (2018) describes as *metanoia*, where one must grasp the essence of learning to understand its meaning. According to the author, the concept of learning organization can change the systems underlying the organization and create different behaviors and events. Moreover, it represents a source of future competitive advantage (Senge, 2018). Senge's work considers the five disciplines as theoretical and methodological approaches to developing the core skills of group learning based on aspirations

(personal mastery; shared vision with the group), reflective conversations (mental models and dialogue), and the understanding of complexities (systems thinking).

Considering Senge's (2018) theory for developing skills in health and nursing, nursing leadership is based on the principle that adopting a leadership attitude does not mean assuming a position but rather exercising one of the nurses' essential management skills for the adequacy and improvement of the health services delivered to the population (Amestoy et al., 2017; Santos et al., 2021).

Thus, in this context, leadership is nurses' ability as leaders to influence their teams to achieve shared goals to promote the health and well-being of patients, families, and communities. This vital skill needs to be developed through strategies promoting its continuous training.

Considering the leader's characteristics for influencing and motivating the team, learning organization and leadership have the same goal in nursing. In this process, effective communication, reflective conversations, and shared ideas stand out as the group's tools for approaching, engaging in, and valuing the organization's change processes (Lyman et al., 2018, 2019, 2020).

These elements are considered crucial for minimizing turnover and professionals' dissatisfaction and ensuring the achievement of the proposed goals, which, in turn, contribute to providing quality and safe care. Therefore, this theoretical essay reflects on Peter Senge's concepts of learning organization and the five disciplines as resources for developing nursing leadership.

Development

The disciplines defined by Senge (2018) constitute theories and techniques to transform attitudes. They are "advanced disciplines" and require study and mastery to apply them, thus improving the acquisition of specific skills or competencies.

To further understand these concepts, the following sections discuss the five disciplines and the ecology of leadership in the learning organization concept.

The five disciplines of learning organization

According to Senge (2018), the concept of learning organization refers to the continuous improvement of knowledge, skills, and attitudes toward achieving shared purposes. To this end, it is vital that the individuals integrated into the scenario are willing and committed to working as a team to learn at all levels of the organization. The author also highlights the need to recognize and distinguish learning organizations from those that are characteristically controlling and authoritarian (Santos et al., 2021).

Peter Senge's (2018) concept of learning organization is recognized as a new perspective on managing effective organizations (Lyman et al., 2018; Senge, 2018). The capacity to learn is described as the coming together of individuals and teams to pursue service quality improvement. Actions are shared and discussed within the group to achieve effective care outcomes.

Senge describes five disciplines: personal mastery, mental models, building shared vision, team learning, and systems thinking.

According to the author (Senge, 2018), the discipline of personal mastery relates to individuals with high levels of skill, proficiency, and responsibility, as well as individual commitment and entrepreneurship. Such characteristics are considered driving forces for strengthening the organization as they stimulate the growth of its professionals (Senge, 2018).

In nursing, personal mastery refers to an individual choice, associated with a careful analysis between the real and the desired, which prompts practicing and improving skills and abilities. The personal vision implements the creative tension capable of generating the dynamic energy needed to succeed in the future.

In this sense, the leaders' performance reflects the need to know their strengths, weaknesses, and limitations to improve their service performance and relationships with the team and other professionals. Furthermore, it refers to optimizing emotional intelligence for decision-making, conflict resolution, dialogue, and knowledge of the services and their teams.

The contrast between each individual's perceptions and the individual capacity to perceive a given situation from varied perspectives highlights the concept of mental models. These correspond to the ideas that emerge as solutions for improving organizations but are no longer implemented due to the influence of personal preconceptions (Senge, 2018).

In the services, mental models are obstacles created from deep-rooted thoughts, which make it impossible or limit the development and implementation of changes. They are reflected negatively in the way of thinking and acting. They also translate simple generalizations or complex theories, acting as filters that shape the ways of understanding and seeing the world, in this case, the context in which one is inserted (Yaghoubi et al., 2010). For nurse leaders, such thoughts or behaviors cause insecurity and hinder or limit their actions in the organization and towards the team, thus making it necessary to improve personal mastery.

Associated with personal perceptions and senses, shared vision is closely related to the widely disseminated concept of leadership, as it refers to the individual's ability to share ideas to achieve shared goals by stimulating the group's engagement. It stands as the foundation for the expansion of the organization that learns by genuine commitment rather than mere obedience (Senge, 2018; Yaghoubi et al., 2010).

Nurses' use of shared vision favors the transformation of the scenario, for which the leader's incentive to the group's engagement and collaboration is paramount. With these tools, the leader can motivate team members to achieve shared purposes, integrating them into the services and sharing the actions.

The discipline of team learning relies on shared vision and personal mastery and considers the repercussion of the results expected by team members. Individuals need to recognize and grasp this discipline to perform their actions. According to Senge (2018), a learning organization that reaches people individually is of no use as it

does not ensure that actions are disseminated throughout the whole, that is, that echo collectively.

The author further mentions three critical dimensions: to think insightfully about complex issues, making use of the potential of several minds; to adopt innovative and coordinated actions to ensure "operational trust" so that each member acts in a way that complements the actions of others; and to recognize the role of team members in other teams, promoting constant learning and stimulating the dissemination of practices and skills to reach all teams comprehensively (Senge, 2018).

Nurse leaders must identify the local needs and empower their teams. This way, they act as facilitators in building and sharing the group's knowledge and recognizing and valuing their experiences.

Senge (2018) defines systems thinking as the fifth discipline and the core of the other disciplines, which relate to and establish connections among themselves. It is also presented as a "management and leadership discipline" (Senge, 2018, p. 9), as it integrates all the other disciplines, merging them "into a coherent body of theory and practice," thus empowering them (Senge, 2018, p. 46). It is a set of knowledge and tools that presents in its structure resources to solve complex issues through clear and coherent thinking, i.e., it contributes to understanding paradigms (Santos et al., 2021; Senge, 2018). Moreover, it is based on considering individuals as the active builders of their realities.

Considering that "doing the obvious thing does not produce the obvious, desired outcome," the effective adoption of the discipline of systems thinking derives from the need to realize the existence of two types of difficulties (Senge, 2018, p. 131). The first of these, detail complexity, is characterized by multiple variations described as "vicious circles"; the second, dynamic complexity, is represented by subtle cause-and-effect situations whose impacts over time of interventions are not perceived immediately (Senge, 2018).

Senge (2018) clarifies that the practice of focusing on detail complexity leads to the failure of organizations, generating vicious circles. According to the author, the interconnections between the causes of the problem must be identified to find a solution through dynamic complexity, that is, in unexpected situations, the actions must be forecasted, planned, and analyzed systematically to meet a greater need.

Nurse leaders with systems thinking must comprehend the whole to understand the complexities and recognize the interconnections between the structures. This enables them to identify the services' priorities as well as their needs and connections.

These concepts can be applied in nursing management to deliver proper and effective patient care. However, for this to occur, several processes must communicate with each other during care delivery.

The ecology of leadership in learning organization

According to Senge (2018), the concepts of learning organization and the five disciplines address the leader's new role. To this end, the author also presents the concept of the ecology of leadership. This concept is described

as innovative leadership that stimulates its members, individually and collectively, to face the challenges that arise. Moreover, it has been proven to cause behavioral changes (Senge, 2018). Understanding the ecology of leadership will support nurses in developing and applying the concept more assertively in their professional practice. Leadership is formed by several concepts, which include the individual or collective ability to influence individuals to achieve shared goals, as well as to share knowledge and encourage actions aimed at improving the quality of care and the workforce (Amestoy et al., 2017; Boamah et al., 2018; Smith, 2015). According to Lyman et al. (2019), leadership involves implementing, executing, guiding, facilitating, and sustaining improvement and learning in an organization. For Senge (2018), exercising leadership in a learning organization is challenging as it instigates transformation in the different performance scenarios. According to the author, in the past, leadership was associated with wisdom as a consequence of power, but currently, it is related to authoritarian conducts, which command and control. This perspective reinforces individuals' ignorance about leadership due to the absence of actions consistent with the practice of the learning organization, i.e., actions engaged with achieving the intended changes.

The distance from the learning organization concept reflects one of organizations' limitations, reinforcing the deep-rooted perception that only individuals in management positions are responsible for changes. Power relationships further accentuate this due to the fragmented concept of empowerment, which echoes that to lead, one must delegate, control, and command, thus creating dissatisfaction, discontent, and lack of motivation in the collective (Cardiff et al., 2018).

Senge (2018, p. 489) states that such assumptions "represent a tragic and profound misunderstanding" by considering that other people are incapable of exercising leadership or of provoking change. Thus, the author theorizes about the ecology of leadership, highlighting the interconnection, degree of importance, and contributions of different leadership models to operationalizing actions within the learning organization. Senge considers that the exercise of one leadership model is closely related to the others. The author defines three leadership models: local front-line, network, and executive leadership.

Some leadership styles in nursing, such as transformational and authentic leadership, share similarities with the models above.

The author recognizes the professionals who work in local front-line leadership as autonomous agents responsible for organizational changes and the results achieved. These changes result from several actions to integrate innovative practices into the routine of services by testing the efficiency of systems thinking tools associated with mental models to strengthen the dialogue in the construction of shared visions (Senge, 2018).

Senge (2018, p. 487) further adds that "without local leaders on the front lines, new ideas, however thought-provoking, are not translated into action, and intentions regarding initiatives coming from the top can easily be obstructed."

In this aspect, there is a similarity between the actions promoted by local leaders on the front line and transformational leadership because the leader displays motivational, innovative, and entrepreneurial behaviors and attributes, in addition to promoting a horizontal relationship. Therefore, the leader encourages the team's empowerment and participation in the results (Boamah et al., 2018; Ferreira et al., 2018).

On the other hand, in network leadership, leaders are multiplier agents and connectors who contribute to disseminating successful actions and experiences. They work in partnership with local leaders on the front lines, creating specific skills and incorporating innovative practices (Senge, 2018).

Like network leadership, a new behavioral/participatory model has been under discussion in the health and nursing landscapes: authentic leadership. This model has been considered essential for building work scenarios and professional empowerment, improving the organizational climate, and stimulating the supply of quality services (Laschinger & Fida, 2015).

The third element of Senge's (2018) ecology of leadership is executive leadership, which deals with organizational management, responsible for the work environment as a whole. It includes developing, planning, and implementing work models by developing a mission and a vision and creating value. Executive leaders outline the changes and the purposes the organization intends to achieve. Still, they are not necessarily the authors of these ideas, although they execute them to ensure organizational culture (Senge, 2018).

Executive leaders' performance is considered challenging and fundamental, particularly to mitigate possible barriers against innovative practices when facing the systems of measures and rewards. In this sense, executive leadership gives voice and reason to the organization's concepts and values by bringing change to scenarios with a vertical system of actions in which power relations are still dominant. Some studies in nursing represent executive leaders as influencers and facilitators of the work process and highlight their attributes of commitment, trust, and communication as relational integration skills and attitudes. Executive leaders are individuals who value team participation and collaboration in pursuing better outcomes and the organization's transformation (Silva et al., 2016).

For Senge (2018, p. 488), "they are living examples who need to embody the organization's values and aspirations if they are to receive any credit." Recognized as the ones who exercise the "symbolic impact of hierarchical authority," executive leaders are also pointed out as "the most important for change."

It is worth noting the need to know the organizational structure and understand how the work processes take place to provide the service as each area is related to the other and interdependently, as Senge (2018) demonstrates in the ecology of leadership. According to the author, this ecology of leadership is represented in the organization's different areas by local front-line, network, and executive leadership, which are responsible for the preparation/creation, support, and validation of actions.

Another point to be highlighted is the “new vision of leadership in learning organizations,” also mentioned by Senge (2018, p. 489) as essential to the learning organization. In this model, leaders face the difficulties and challenges of taking on the roles of “leader as designer, leader as teacher, and leader as steward.”

According to Senge (2018), the leader as designer envisions the organization as a living organism composed of organs and systems with specific functions to meet the vital needs of the body. These leaders “can create artifacts for organizations (new measures, formal roles, or processes)” but also value the use of these artifacts by people (Senge, 2018, p. 490).

Moreover, the author points out that the leader as designer needs to allow the continuity of the changes made by others, adapting them to their reality without controlling the actions’ progress. According to Senge, the recognition of the leader as designer occurs in the “absence of disturbances,” pointing out that such action is not welcomed in an “organizational culture” in which the “leaders are heroes” (2018, p. 500).

Regarding learning, Senge (2018) mentions the leader as teacher who acts as a symbolic mediator of learning, creating spaces for knowledge and facilitating development. In the organization, the work of the leader as teacher begins in the absence of a specific skill considered indispensable. These leaders reinforce the idea that before one is a teacher, one is a learner.

Senge describes the leader as steward as one who provides and presents two paradoxes. The first “certainty and commitment” occurs when leaders believe in their goals and results but lack certainty, which quickly leads to the understanding that there is no larger goal, thus being identified as “limited leaders” (2018, p. 508). The second paradox is “conservation and change,” implying that leadership results in transformation (Senge, 2018, p. 508). Leaders who act individually and collectively redirect actions and have innovative attributes, but depending on the situation, they can also be the pillars of support for something they want to preserve (Senge, 2018).

Following Senge’s (2018) new view of leadership in the learning organization, nursing overlaps leadership styles/models and/or leader characteristics, from the most classical to the contemporary. However, the recognition and understanding of the leadership skill are still limited, as well as the understanding that professionals have more than one leadership style during the performance of their work due to the complexity of the services (Amestoy et al., 2017a, 2017b; Ferreira et al., 2018; Santos et al., 2021a, 2021b).

Conclusion

This study aims to reflect on Peter Senge’s concepts of learning organization and the five disciplines as resources for developing nursing leadership.

Senge highlights the need for shifting minds through metanoia and points out that promoting change depends on the commitment of the people involved in the con-

text. In this sense, Senge mentions the five disciplines, personal mastery, mental models, building shared vision, team learning, and systems thinking, as methodological approaches for improving, refining, and training professionals to perform their work activities.

Senge presents the concepts of local front-line leadership, network leadership, and executive leadership as part of an ecology of leadership, which are interconnected and necessary for the organization’s functioning. The author also addresses the different roles of the leader (as designer, teacher, and steward).

Considering the theme’s relevance, this theoretical study sought to spark nursing professionals’ interest in developing leadership as a tool for empowerment and strengthening of the nursing profession and as an incentive for improving health services.

Supported by Peter Senge’s concepts of learning organization and the discipline of personal mastery, nurses can boost and/or improve their competencies and skills (technical and relational) to enhance and improve their performance in health services and work relationships. They can also abandon their mental models, characterized by preconceived judgments that limit or prevent the changes needed for the organization and/or the team. On the other hand, they can promote the shared vision through the group’s engagement, integration, and participation in the services to achieve the shared purposes and recognize, value, and stimulate team learning as a dissemination tool for joint work’s innovative and coordinated actions. Finally, systems thinking helps understand the structures’ interconnections and their complexities.

In the area of health and nursing, this study contributes to promoting the progress of scientific knowledge as a means of strengthening the care provided to the population and the relationships within the teams (technical, auxiliary, and multi-professional). In practice, these are significant gains, as they optimize nurses’ leadership skills with the support and valorization of the organization.

Therefore, this study recommends applying Peter Senge’s concepts of learning organization for developing nursing leadership due to the constant changes in the labor market and the complexity of health services. It is urgent to have professionals prepared to face the most diverse situations, which require knowing and understanding the models and types of leadership.

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