



Letter to Editor

Is the Charismatic Leader in the Secularised Healthcare World a Luxury or a Necessity?

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Abstract

Modern nursing was based on a charismatic nursing model developed by Florence Nightingale (1820), reflecting her spiritual, almost charismatic strength. According to Traditional nursing was therefore based on fundamental human values, spirituality is intrinsic to human nature, compatible with science, and can therefore guide the development of future nursing care. The cornerstone of the original nursing paradigm, as developed by Nightingale, was the provision of humanitarian nursing care for the sick and for people with disabilities. This approach did not distinguish among physical, psychological, social, and spiritual aspects. Traditional nursing was therefore based on fundamental human values, which are threatened today. The danger is that nurses have become “specialists without spirit”, according to Max Weber [1]. Indeed, this process or passage can be linked to Max Weber’s analysis of the “charisma” through which exceptional individuals, such as Nightingale, bring radical changes, although these have not been sustained over time. Nonetheless, spirituality is an essential dimension of a person, pervading all aspects of one’s life. Spirituality is particularly important during significant events, such as birth and death, living with a chronic illness or pain and mourning, in the lives of all individuals, whether religious or not spiritually inclined or otherwise [2] Likewise, spirituality in the workplace has positive impacts on the organisation, improving employees’ well-being and quality of life. It also gives their work a sense of purpose and meaning and creates an awareness of interconnectedness. However, today, it is often the case that nurses cannot clearly understand what spirituality means for a patient

and whether, as professionals, they should begin to evaluate and question patients about the latter’s spirituality. The lack of knowledge about the topic of spirituality is an obstacle to spiritual care [3]. In fact, nursing care is becoming increasingly routine, technological, highly bureaucratised, and digital, without “time” to dedicate to the patient [3].

Studies have demonstrated that religious beliefs can differ among nurses, based on gender, ethnicity, age, years of experience and even geographic location [2]. Similarly, external factors, such as the nurse–doctor relationship, paternalism, institutional policies and procedures, organisational policies and hierarchical management systems, have been shown to influence religious beliefs and spiritual and nursing care [2]. Although the most common current definition of a nurse is a person who cares for the sick, officially, a nurse is a licensed healthcare professional who promotes and maintains health [4]. The word “nurse” has also been used to describe someone or something that assists or advises another person, or in nature, to identify a worker insect (such as a bee) or a mammal that feeds another animal that is not its own [4]. At present, nurses embody an amalgamation of these descriptions, widely considered as nurturing, hardworking and caring for those who cannot do so for themselves. Therefore, the charismatic leader may be associated with the “influencer”, which has long been used to describe a person who inspires or guides the actions of others [4,5]. The word “influence” is defined as having a tangible or intangible effect on something or someone else. This demonstrates a direct connection between nursing and influenza; improving this connection is reasonable and effective.

Florence Nightingale's charismatic character can be translated today into charismatic leadership, an important skill for nursing professionals due to its positive influence on followers (novice nurses or postgraduate), especially in times of crisis and change [6]. Despite the scarce nursing literature to support this claim, intrinsic or personal factors, such as work and life experiences, religious and spiritual beliefs, and family values and attitudes, have also been shown to affect ethical beliefs and models of care in nursing. For years, those who have developed and designed nursing care models influenced by religious or spiritual beliefs have focused on factors external to the healthcare system. Further research is needed to better understand the impact of the intrinsic factors on nursing development and their subsequent influence on decision-making.

Therefore, the objective of this reflection is to verify how the unintentional negative effects of nurse leaders or current "nurse influencers" are articulated, as Lucy Gardam [7], in her recent article entitled "Vacant positions" focusing on nurses who abandon the profession.

The unintended negative effects of "nurse influencers" target nurses who evade recruitment because they have more career options than ever before. Women leaving the profession, who traditionally make up most of the student nurse pool, are actively encouraged to consider careers in a wider range of fields. What if this exodus is also influenced by a current, yet perhaps outdated, nursing leader? There is no magic wand or quick and easy solution. The nursing profession must drastically change its approach to recruitment, retention, and workplace flexibility on multiple levels to have any chance of thriving in the future. The healthcare industry has always relied heavily on the altruistic nature of its workforce, which may prove to be its undoing as the women and mothers who comprise most of the nursing profession are taught today by a secularised society to place a higher value on themselves [8].

This issue has become urgent considering organizational and post-pandemic changes in many European and non-European countries. Emerging public nursing debates require the commitment of those who are committed to understanding and supporting a new concept of health, families, and communities regarding the care of the person. Nurses' voices must therefore be heard and, given global and globalized changes the proposals must pave, levels to withstand any chance of thriving in the future for a responsibility ethics towards the patient, nurses and society.

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