

PREPARING THE NEW NURSE LEADER FOR THE TWENTY-FIRST CENTURY IN SOUTH AFRICA

Abstract

South Africa needs nurse leaders for the 21st century. Conventional leaders and leadership styles of the past are unable to meet the demands of the 21st century (Hays and Kim [s.a.]).

This lecture highlights the leadership qualities identified by the author in preparing the new nurse leader of the 21st century in South Africa and the continent, taking into consideration the values and norms enshrined in African culture.

An extensive literature review in leadership and leadership theories was undertaken. It is from these sources that the author identified the qualities that should characterise the new leadership style that will prepare African leaders in a whole new direction in this century.

Key concepts: African leadership, Afrocentricity, leadership development, new nurse leader.

INTRODUCTION

The need for future nurse leaders globally in general and in South Africa in particular is more pressing than ever before. The shortage of nurses in the world is becoming critical as the baby boomers are retiring; the Y generation finds the nursing profession not a competitive career for a number of reasons: poor salaries for qualified nurses; poor working conditions in public health institutions; and the negative perceptions of managers who display a poor leadership attitude. These are but some of the factors that contribute not only to the shortage of nurses but also to the shortage of nurse leaders.

The author is challenged by the bleak situation facing nursing leadership at present. This lament is echoed by Sherman (2005) and Bondas (2006).

The delivery of successful health and social care services depends on effective and strong leadership. According to Donaher, Russell, Scoble and Chew (2003), nurse managers are often less prepared to handle management activities than they are clinical activities. Valentine [s.a.] asserts that the new nurse once placed to provide bedside nursing care, is not afforded opportunities to apply basic leadership principles. Some solutions proposed to meet the demand for competent nurse leaders include: curriculum redesign; innovative teaching methods that reflect work-place realities; and portfolios that illustrate competency.

Rost (1991) argues that leadership is about transformation, all kinds of transformation. Leadership can be viewed as individual and collective responses to change the world for the better in the 21st century. This kind of leadership incorporates specific skills, capacities and competencies; critical, creative and systems-oriented thinking; self-awareness; communication and dialogue; social and cultural intelligence; facilitation of teams and collaborative processes. To develop this perspective on leadership, both an inward and an outward orientation are required involving the whole person who is engaged with the whole system.

The nursing profession in the 21st century is faced with serious questions concerning the profession's capacity to deal with its challenges. Based on a review and synthesis of a range of literature covering management, organisation, leadership, and learning and development, this lecture identifies some of the issues, challenges and opportunities likely to characterise the kind of leader that the profession needs for the new millennium. This new age will be increasingly challenging in ways not before experienced. This suggests that a new kind of leader and leadership style are needed, and this lecture outlines the most compelling current thinking on leadership qualities demanded of the 21st-century new nurse leader in South Africa, the continent and globally. Conventional leaders and leadership styles of the past are unable to meet the demands of the 21st century (Hays and Kim [s.a.]). This type of leadership means entirely new and fundamentally reconfigured leaders and leadership styles, but which will also entail the preservation of traditional values, the understanding of people,

territory, traditions and culture in the modern context (National Centre for First Nations Governance, 2007).

PROBLEM STATEMENT

Young and upcoming nurses are not encouraged to take up leadership positions. Succession planning is not done; instead the new nurse is discouraged from taking up a leadership position in health care. Other new nurses who have undergone leadership training are also not well prepared for demands of 21st-century nurse leadership.

NURSE LEADERSHIP DEVELOPMENT IN SOUTH AFRICA

The South African Nursing Council (SANC) has prescribed, through Government Notice R425, that for the basic diploma/degree (four-year programme) part of the curriculum should include unit management and teaching, which also includes leadership issues (SANC, 1988). The SANC further, through Government Notices R2203 and R1501, prescribes the content for post-basic development for the Diploma in Unit Management and the Diploma in Nursing Administration respectively (SANC 1987; SANC 1983). Academic institutions (colleges and universities) develop their curricula based on these prescriptions. It should be noted that these programmes focus more on management than leadership. Previously, academic institutions had stipulated that to enrol for the post-basic programme one needed at least two years of experience as a registered nurse. Therefore, most of the nurses who enrolled at academic institutions were already appointed as nurse managers (except those who were self-financing). Today, in government structures in South Africa, a person who is in a management position is required to have a management certificate, irrespective of whether one is well prepared for it. The University of South Africa is offering a Leadership Development module at Honour's level, which is being phased out, creating a need for an upgraded module for the Postgraduate Diploma.

The Democratic Nursing Organisation of South Africa (DENOSA) is offering a continuing nursing course in leadership. The first group of 18 nurses completed the course in "Leadership for change" in 2012, and the second group in 2013. These have been the only attempts to increase the number of nurse leaders. The International

Nursing Council (ICN) has provided assistance in the development of this leadership programme. But are we preparing future nurse leaders for the 21st century?

INTERNATIONAL NURSE LEADERSHIP DEVELOPMENT FOR THE 21ST CENTURY

Mass, Brunke, Thorn and Parslow (2006) conducted a study on the competencies required in leadership and leadership position and succession planning in Canada. In another study done in Finland, Bondas (2006) identified that the nursing profession there has not invested enough in the development of nursing leadership. The educational requirements for nurse leaders and recruitment to nursing management positions need serious attention in order to develop a competent nurse leader. Sherman's (2005) article entitled "Growing our future nurse leaders" emphasised that the feedback from current leaders about nursing leadership positions is not positive. The current nursing leaders will need to consider strategies to encourage interest in nursing leadership. In her studies Sherman (2012) reviewed the literature on the importance of the development of leadership skills, which she identified as: willingness to take action, technological savvy, willingness to take risks, confidence in one's own abilities, willingness to adapt to a changing environment, great communicator, humbleness, life-long learner, interdisciplinary focus, conflict embracing, being a visionary, and systems-oriented thinking.

Heaton and Atherton (2012) asked the question: "What common threads run through are the examples of excellence?" This they asked in trying to identify the best characteristics of leadership that are needed for success in the 21st century. The following were identified in their study.

- Willingness to suspend belief system, being receptive to new and creative ideas – not to be unreasonably stuck within one's own agendas, which can also limit vision and the ability to register new and creative ideas.
- Managing and coaching staff challenges by forging human relationships with co-workers.
- Lifestyle – long-term success by avoiding occasional episodes of power-related stress.

- Listening – every successful leader is a good listener.
- Successful leaders bring contagious energy and an upbeat attitude to the job.
- Successful leaders are sensitive to the emotional impact of their behaviour on others.
- Words are reality – successful leaders give definition to reality through their spoken words. In this chaotic world we need leaders, but we do not need bosses.
- Leader as mediator.
- Successful leaders establish performance expectations and parameters.

The National Centre for First Nations Governance (NCFNG, 2007) identified the ideal qualities of a leader to respond to the challenges of the 21st century: a positive attitude, courage, introspection and self-reflection, cultural identity, and communication skills. The emphasis in this report was on leadership development to cultivate personal confidence to be able to fully express leadership qualities within an individual.

Lowther (2009) argues that 21st-century leadership is the art of influencing others and says that people will follow a leader who: provides direction, walks the talk, values people, briefs followers on issues, and encourages future leaders. 'Leadership is not a position. Leadership is influence' (Maxwell 2013).

Reynolds (2013) identifies seven principles for the 21st-century leadership development, namely that the programme should: be driven by a genuine business need; honour the uniqueness of individuals; be more than just skills development but be deeper and broader; be more than just training; be delivered by line managers not external consultants; pay for itself; and be sustainable.

Slavkin (2010) argues that there is no infallible step-by-step formula for an effective or transformational leader, yet he insists that leadership can be taught and learned. The leader can select best practices by observing others, or from experiences in the environment. Leadership signifies the act of making a difference and it entails sustaining, improving, or changing strategic directions in organisations. The leader makes choices, motivates and brings others along, making vision become strategic; the

leader's voice is persuasive and results become tangible. Slavkin (2010) further emphasises the importance of knowing oneself, having a well communicated vision, building trust among colleagues, and realising one's own leadership potential.

According to Slavkin (2010:36), "Perhaps as never before, leadership is urgently needed to envision the future, to reallocate resources, to monitor progress using information technology, and to engender both evidence-based as well as outcomes-based health care for all". Highly successful leaders project the ability to think and act strategically. They influence, motivate and inspire, thereby enabling others to realise their potential. These leaders lead by example, possess the talents of a superb communicator, reflect selflessness, and are perceived as making a significant difference to an organisation.

Salpeter (2003) sees a need to develop students to be prepared by providing them with 21st-century skills. The programme should make learners critical thinkers. Roy and Trudel (2014), like Slavkin (2010), maintain that:

there is no body of knowledge to be passed on for the future; we must learn how to build capacities to face unknowable futures. We can see that today is already past as we feel ourselves slipping into the near adjacent future: yet, we have no vantage point to see what lies ahead. We can name the change we see, but we are too slow to make course corrections.

Therefore, leading in the 21st century requires a sense of relevance, meaningfulness, usefulness and generative skills. Lee (2013) asks how one can develop a student's mind, heart, spirit and body to be leaders of change for their communities. Lee (2013) continues that we need to develop students who know the practical needs of their communities and nations; students to transform an ideology of competition into cooperation, to promote group harmony, and to facilitate unity within a social cultural, and spiritual framework. Lastly, we need students who want to lead their communities and nations.

The leaders of 21st century do not go where the path leads; they go where there is no path and leave a trail. The 21st-century leadership models are political leadership;

servant leadership and courageous communication leadership. Covey [s.a.] talks of servant-lead and discretionary leadership; in discretionary leadership the leader brings out the best in everyone within a group who share a common goal. And this will not be forced upon them; such leadership calls for dignity and honour in being human. Discretionary leadership has to look at work environment equity; avoid bias, whether expressed consciously or not; must constantly check varying cultures that may impact badly on the organisation; not single out individuals because of their gender or race. Other leadership models identified are quantum leadership, transformational leadership and the dynamic leader-follower relationship model.

CHALLENGES FACING THE FUTURE NURSE LEADER AND LEADERSHIP OF THE 21ST CENTURY

Everyone acknowledges that there are enormous challenges facing healthcare/nursing leadership in the 21st century. The preparation of nurse leaders seems to be inadequate. The nurse leaders are prepared for clinical leadership in specialty areas. Those who have been trained for leadership positions lack certain characteristics required to lead in the 21st century. The shortage of nurses and nurse leaders makes it difficult to encourage young nurses to take up leadership positions. The lack of support for upcoming and successful leaders makes things worse for leaders to contribute positively to healthcare institutions. As a result some leaders feel inadequate about leading healthcare institutions.

DEVELOPING THE NEW NURSE LEADER OF THE 21ST CENTURY IN SOUTH AFRICA

Afrocentricity is about Africans putting Africa at the centre of their existence. The case of Afrocentricity is largely to do with usage of home base in addressing challenges ... It is about Africans anchoring themselves in their own continent; its history, traditions, cultures, mythology, creative motif, ethos and value systems exemplifying the African collective will. It acknowledges diversity. It is about bold African self-assertion with Africa as a launch pad (Khoza, 1994:118).

The African Renaissance is the concept communicating the view that African people shall overcome the current challenges confronting the continent and achieve cultural, scientific and economic renewal (African Renaissance [s.a.]). Therefore, African Renaissance leadership is leadership based on Afrocentricity and African renewal through the definition of aims and objectives, designing of African programmes and taking responsibility for success or failures of policies by Africans themselves and the courage to go forward. The need to rediscover the roots of Africa and building on African successes should be highlighted.

In preparing the new nurse leader of the 21st century in South Africa, the author suggests that the leader required should promote the values of *ubuntu*, which is characterised by respect, professional maturity, cultural sensitivity, solidarity, empathy, and caring for others. In adopting some Western and Eastern techniques to attain competitive space and competitive advantage, the leader should embody ethical principles, be realistic, visionary and technically savvy. Such a leader should be influential and be able to motivate and inspire, should possess the gift of superb communication, be transformational and practise liberation governance.

Ubuntu: The principles of *ubuntu* highlight the significance of group solidarity on survival issues. Key values of *ubuntu* are group solidarity, conformity, compassion, respect, human dignity and collective unity (Mbigi and Maree, 1995:1). According to Teffo (in Makgoba et al., 1999: 164),

The principle of *ubuntu* needs to be transmitted into management practice. There has to be a change of mindsets, a paradigm shift of thought processes, attitudes, old style of management and human relations in the workforce. Afrocentricity is pyramidal, that is, an influential person who is elderly, wise, and humble is identified by the workforce to lead and represent them. *Ubuntu* as a management strategy would mean the ability of business organizations to develop themselves an African identity and to use it to maximize their internal strengths and external opportunities ... it is time for *Ubuntu* to inform management practices in South Africa.

And therefore, in preparing the new nurse leader of the 21st century in South Africa, *ubuntu* and a work ethic rooted in Afrocentricity should be the focal points. African identity must be developed with a change of the mindset and shift of thought processes.

African communities survived poverty and deprivation through adherence to the principles of *ubuntu*, which is premised on communalism and not individualism. The new nurse leader in South Africa has to entrench this philosophy in her leadership development. The nurse leader should be aware that her leadership cannot be sustained without other people; the values of brotherhood and collective unity should be practised.

Group solidarity: The nurse leader should be in constant contact with, and receive a mandate from, the people. The leadership practice should be uniquely African, doing things together. Because of poverty, African society stuck together on selective survival issues. Loyalty and conformity were expected from everyone on survival issues.

Respect: A due regard for the feelings or rights of others. The African way of survival is respect for young and old. The common factor that destroys Africa is lack of respect for the office of leaders. Regard for human dignity is the right of every individual in African culture. The leader of the 21st century should respect and allow human dignity to all his/her followers. The new nurse leader and followers should treat each other with compassion and dignity, the vision being the provision of a better life for the masses of one's communities. The Constitution of the Republic of South Africa (1996) enshrines this concept.

Professional maturity: "Within a community an individual is nurtured into becoming a mature and responsible human being who would embrace the values, norms and principles of *ubuntu*" (Dolamo 2013:2). Professional maturity is the way one presents oneself in the professional world. According to Mallari (2012), professional maturity entails being able to deal with various types of business and professional situations in a virtuous, dignified and responsible manner. It manifest itself clearly in situations such as a customer or patient is being difficult; or management may require one to do something above and beyond one's workload, or even being able to handle unpleasant

circumstances. The leader must have reached a stage of mental or emotional development characteristic of an adult worthy of a professional person. It is not related to age, seniority or position. It is about exhibiting grace under pressure, being able to take good with bad, and make decisions in the best interests of the organisation.

Cultural sensitivity: Culture refers to the patterns of behaving, thinking, perceiving and judging that characterise a group of people (Schein, 2004). Culture is dynamic and there are no real borders to cultures, but there are significant continuities within historical frames or periods (Prah in Makgoba et al., 1999:38). Therefore cultural change is an abiding feature of all societies. The new nurse leader needs to be sensitive to existent cultural changes in the environment under which she leads. Ntuli (in Makgoba, 1999:190) discusses culture as follows:

Culture develops within the process of a people wrestling with their natural and social environment. They struggle with nature. They struggle with one another. They evolve a way of life embodied in their institutions and certain practices. Culture becomes a carrier of their moral, aesthetic and ethical values. At the psychological level, these values become the embodiment of the people's consciousness as a specific community. That consciousness in turn has an effect on how they look at their values, at their culture, at the organization of their wealth extracted from nature through the mediation of their labour.

Courage: Throughout the ages, people have searched for the precise alchemy of ingredients that constitute great leadership. In measured proportions, great leaders are said to demonstrate bold but reasoned judgement, spirited but calculated risk-taking and an assertive but reflective disposition. Aristotle called courage the first virtue, because it makes all other virtues possible. Leadership takes courage (Entrepreneurs' Organisation, 2013) Courage always claims the power to initiate, act and take risks, for courage means to act with sustained initiative. The leader knows that courage does not avoid anxiety and guilt, but uses them constructively. Courage is the free decision to tolerate maximum amounts of anxiety constructively, to understand that being anxious is what it feels like to grow, the choice to live with greatness (Koestenbaum 1991: 92).

Commitment: People do not usually follow uncommitted leaders. Commitment can be displayed in a full range of matters to include the working hours one chooses to maintain, how one works to improve one's abilities, or what one does for fellow workers at personal sacrifice (Maxwell, 1999: 15).

Ethics: Ethics means that morality and integrity are important to the leader who provides service, and that people matter to one by reaching out to them (Koestenbaum 1991:89).

Realism: Being realistic means having no illusions. Realism is the pragmatism of being in touch with the market, with the facts, with the truth, being connected with external realities such as culture and other people, also taking care of oneself (Koestenbaum 1991:86).

Vision: Koestenbaum (1991:84) says about a visionary leader:

Visionary mean think big and new. Vision is thinking in a very special way, tuning your mind. Vision is not necessarily having a plan, but having a mind that always plans. Visionary mind is good in intelligence, that is at abstract reasoning and analysis. Visionary leader is in touch not only with what he/she actually is, but also with the whole rich range of his/her human possibilities, the full spectrum of human potential.

Willingness to serve: It is important to note that the leader does not stand alone in the leadership process, but is standing with the community. Emerging leaders must have an understanding of the people, territory, traditions and culture. Leaders serve the community (NCFNG 2007).

Technically savvy: The leader should have understanding of the application of scientific knowledge for practical purposes. She should be proficient in the use of technology, especially the computer. The use and advances in technology enhance networking, facilitate global thinking and improve health and healthcare globally. The speed at which new technology and treatments develop means that healthcare professionals are dependent on the internet to gain current information on management

and clinical practice guidelines (Dolamo in Dolamo and Peprah 2011:80). Technology is the fastest growing field right now and will continue to be pivotal and crucial in all business and leadership deals.

Influence: It is important that a leader should have an effect on the character or behaviour of the follower, stimulate the interest of the follower and create in this person the ability to do something.

Communication skills: Developing excellent communication skills is absolutely essential to effective leadership. The leader must be able to share knowledge and ideas to convey a sense of urgency and enthusiasm to others. If a leader can't get a message across clearly and motivate others to act on it, then having a message doesn't even matter (Maxwell, 1999:23).

Transformational: The leader should develop and have a sustained interest in leadership. It is essential to have a willingness to suspend one's belief system, be receptive to new and creative ideas and not to be unreasonably stuck within one's own agendas, which can also limit vision and the ability to respond to new and creative ideas.

Succession plan: Looking into the future means that nurse leaders should have a succession plan. Being a part of success is more important than being personally indispensable, remembering that "a leader's lasting legacy will not be measured by the buildings one builds, the institutions one establishes, or what our team accomplished. Leaders are judged by how well the people they invest in carry on after they are gone" (Maxwell 2007). In his succession plan, Maxwell says "the best leaders promote people into leadership based on leadership potential, not on politics, seniority, credentials, or convenience". One can have the recognition and authority but "no man is a leader until his appointment is ratified in the minds and hearts of his men" (Maxwell, 2011:120). When one takes a leadership position, the most important thing to change is the self to improve the organisation. One need to understand oneself first – that is where transformation starts to take shape.

Practise liberation: “Power over others is weakness disguised as strength. True power is within, and it is available to you now” (Eckhart Tolle). Practising liberation is a practice which attempts to address the problems of poverty and social injustice. The leader should first liberate him/herself from all kinds of oppression and liberate others by building effective communication and change initiatives. The leader in liberation practice should integrate empowerment and social justice.

CONCLUSION

I would like to encourage young and upcoming professional nurses to take leadership development modules to prepare themselves for 21st-century nursing leadership. The majority of nurses will agree with me that nursing leaders are few and far between, and they are unfortunately not recognised by others in their profession. The 21st-century nurse leader in South Africa needs you and please respond in the affirmative.

With this lecture I accept the professorship that has been offered to me here at UNISA in the Department of Health Studies.

As professor I have set myself the following goals, which can be achieved through mentoring young and upcoming scholars and publishing in this area of specialisation:

- This lecture will be published to be available to new nurse leaders;
- A module for a postgraduate diploma in health studies leadership development will draw on this area;
- This area of leadership development will be studied further and reviewed from time to time as and when it becomes necessary.

Mandela had learnt that leadership meant being faithful to the wishes of the collective – and he remembered too the lessons of his guardian, the Regent Jongintaba – that there are times when a leader has to show courage and go ahead of the flock. These qualities of leadership displayed by Mandela were to be called into play again and again in the years that were to follow. They required both

physical and moral courage – and in the end, the judge of such great leadership would be history itself (Nelson Mandela Capture Site Apartheid Museum).

LIST OF SOURCES

Bondas T. 2006. Paths for nursing leadership. *Journal of Nursing Management*. 2006 July, 14(5):332-339.

Christie, P., Lessem, R. and Mbigi, L. 1994. *African Management: Philosophies Concepts and Application*. Randburg: Knowledge Resources.

Dolamo BL and Peprah EO. *Contemporary Issues in Health Services Management*. Heinemann: Pearson Education in South Africa

Dolamo BL. 2011. Technologically advances and health services management in Dolamo BL and Peprah EO. *Contemporary Issues in Health Services Management*. Heinemann: Pearson Education in South Africa

Dolamo RTH. 2013. Botho/Ubuntu: The heart of African Ethics. *Scriptura* 112(2013) 1-10.

Donaher, K., Russell, G. and Scoble, KB. 2007. The Human Capital Competencies Inventory for Developing Nurse managers. *The Journal of Continuing Education in Nursing*, November/December 2007. 38;6, 277-283.

Entrepreneurs' Organisation. 2013. Courage is the key to great leadership. www.eonetwork.org/knowledgebase/specialfeatures/pages/courageisthekeytogreatleadership accessed 2014/05/04.

Hays JM and Kim CY. [s.a.] *Renaissance Leadership. Transforming Leadership for the 21st Century*. city: The Australian National University.

Heaton, J and Atherton, G. 2012. Leadership for the 21st century – A human approach. Corrections.com/10/08/2012

Khoza, R. 1994. The need for an Afrocentric approach to management in Christie, P., Lessem, R. and Mbigi, L. 1994. *African Management: Philosophies Concepts and Application*. Randburg: Knowledge Resources.

Koestenbaum, P. 1991. *Leadership: The Inner Side of Greatness*. California: Jossey-Bass.

Lee MR. 2013. Leading Virtual Project Teams: Adapting Leadership Theories and Communication Techniques to the 21st Century organisations. July 29, 2013. Auerbach Publications.

Lowther D. 2009. 21st Century Leadership. <http://www.brilliantminds.co.uk> accessed 2014/05/04

- Makgoba WM. 1999. *African Renaissance*. Tafelberg: Mafube.
- Mallari J. 2012. Professional Maturity. theidealrealist.blogspot.com/2012/11 accessed 2014/05/04
- Mass H., Brunke L., Thorn S. and Parslow HG 2006. Preparing the next generation of senior nursing leaders in Canada: perceptions of role competencies and barriers from the perspectives of inhabitants and aspirants. *Nurse Leadership* 2006 May; 19(2): 75-91.
- Maxwell, JC.1999. *The 21 indispensable Qualities of a Leader: becoming the person others will want to follow*. Nashville TN: Thomas Nelson Publisher.
- Maxwell JC. 2007. *The 21 irrefutable laws of leadership: follow them and people will follow you*. Nashville TN: Thomas Nelson Publisher.
- Maxwell JC. 2011. *The 5 Levels of Leadership. Proven Steps to Maximize Your Potential*. New York: Center Street.
- Maxwell, J. 2013. *Simplicity*. Leadercast.
- Mbeki, T. 1998. The African Renaissance, South Africa and the World. Mbeki speech, United Nations University, 9 April 1998.
- National Centre for First Nations Governance. 2007. Forum on Indigenous Leadership in the 21st century, August 2007.
- Ntuli, PP. 1999. The Missing Link between Culture and Education: Are We Still Chasing Gods that Are not Our Own? in Makgoba WM. *African Renaissance*. Tafelberg: Mafube
- Perrin, C. Blanth, C. Apthorp, E. Daniels, S. Marone, M. Thompsen, J. Jefferson, KC. O'Sullivan, C and Moran, L. 2010. Developing the 21st Century Leader. From <http://www.oecd.org/topicstatsportal> 1-30 accessed 03/02/2014
- Prah KK. 1999. African Renaissance or Warlordism? in Makgoba WM. *African Renaissance*. Tafelberg: Mafube
- Reynolds, L. 2013. Leadership Development. Larry=21stcenturyleader.co.uk@mail88.us4mcsv.net accessed 2014/05/04
- Rost, JC. 1991. Leadership for the Twenty-first Century. New York Praeger. www.transformationalsafety.com/index.php accessed 03/2014
- Roy, B and Trudel, J. 2014. Leading the 21st century: The conception-aware object-oriented organisations. <http://www.Integralleadershipreview.mht> accessed 03/02/2014
- Salpeter J. 2003. 21st century skills: will our students be prepared? <http://www.21stcenturyskills.org/> accessed 03/02/2014
- Slavkin, HC. 2010. Leadership for health care in the 21st century: A personal perspective. *Journal of Healthcare Leadership* 2010:2 35-41, 11 May 2010.

Schein EH. 2004. Organisational culture and leadership 3rd ed. San Francisco: Jossey-Bass.

Seco, V and Lopes, MP. 2013. Calling for Authentic Leadership and Work Engagement. *Open Journal of Leadership*, 2:4, 95-102.

Sherman, RO. 2005. Growing our future nurse leaders. *Nursing Administration Quarterly*. 29(2):128-132.

Sherman RO. 2011. Where have all nurse leaders gone? *Emerging RN Leader*

South African Nursing Council. 1983. Government Notice No. Regulation R1501 as amended section 6 (1) (c) and (d). Pretoria: Government Printers.

South African Nursing Council. 1987. Government Notice No. Regulation R2203 as amended section 7 (1) (j) and (2) (b). Pretoria: Government Printers.

South African Nursing Council. 1988. Government Notice No. Regulation R425 as amended section 2(j). Pretoria: Government Printers.

Teffo L. 1999. Moral Renewal and African Experience(s) in Makgoba WM. *African Renaissance*. Tafelberg: Mafube