



2009: The Year of Positive Leadership

EXECUTIVE SUMMARY

- ▶ Leadership has morphed into a cult of personality, with charisma or a dynamic profile often substituting for skills.
- ▶ True leadership requires equal parts vision and humility, with the ability to confront hard truths and to coach and mentor.
- ▶ In the nursing profession, as in many disciplines, leaders have evolved from an old school approach of control and command to a much more participatory style which includes individualized mentoring.
- ▶ Let's make 2009 the beginning of a transformation of nursing leadership styles that are celebratory, visionary, and inclusive.
- ▶ Let's come to agreement among chief nursing officers, nurse educators, and those working shifts to transform nursing



Kate Christmas

MANY OF THE TROUBLING problems the United States currently faces are the result of failed leadership on both sides of the political aisle, greed and complacency in the financial markets, and a lack of vision and foresight.

Yet, hope is in the air, and 2009 may come to be known as the year of positive leadership. A new presidential administration brings hope, change, and the optimism that intelligent and motivated people can take a fresh look at the problems we face and devise new and improved solutions.

In today's modern world, leadership has morphed into a cult of personality, with charisma or a dynamic profile often substituting for skills. That has not worked out well for individual companies, or for our nation. As Collins (2001) notes, leading through charisma is dangerous, for a forceful personality may shield leaders from the truth, as those around them say what they want to hear rather than what is really

happening. And indeed, Collins provides several examples of how companies imploded after "rock star CEOs" left a company. He cites examples of many great CEOs who are unknown and unsung, demonstrating that a high profile does not always lead to high returns.

In his definition, true leadership requires equal parts vision and humility, with the ability to confront hard truths and to coach and mentor. The best leaders recognize harsh realities and yet have the will and the vision to act to improve on these circumstances, often seemingly against the odds (Collins, 2001).

Nursing Leaders Have Changed

In the nursing profession, as in many disciplines, leaders have evolved from an old school approach of control and command to a much more participatory style which includes individualized mentoring. Nursing practice has evolved from a time when leaders dispensed most of the knowledge to employees to one in which the leader sets goals and mentors employees to attain them. Few nursing leaders are flashy; most have come to their positions through hard work and dedication. However, there are additional components that separate good from great.

The value set of every leader is the basis from which their leadership styles develop. These values are influenced by intrinsic factors such as ethnicity and sex, and extrinsic factors such as generational outlook, upbringing, education, and work ethic.

The era and the age do much to shape the leaders of their times. The stereotypical, female nursing leaders of the 1940s and 1950s were viewed as severe, "stiff upper lip" types who would never have brooked discussion of a topic such as "work/life balance." This was a result of a military culture of efficiency, and women's desire to lead in the workplace without undue emotion, so they would be taken seriously.

Many of these leaders had served — and trained — in the military. More than 59,000 American women served in the Army Nurse Corp during World War II. And while this wartime service shaped leadership style, it also did much to elevate the status of nursing as a valued profession. Male nursing leaders were seldom seen outside the military during this time (U.S. Army Nurse Corps, 2007).

Nursing leaders of the 1960s opened up a bit, as society's openness flourished, and leaders focused more on educating and elevating practice rather than dictating to staff members. The '60s were a time of tremendous social changes, with more Americans leaving rural areas to move to cities (Webb, 1961). And, in December 1965, the American Nurses Association (ANA) "Position on Education for

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Nursing” was published. It was the first such paper urging that nurses’ education occur within the context of colleges and universities rather than in hospital-based programs, and described college training of nurses at two (technical and professional) levels (ANA, 1965).

By the late 1970s, the ANA noted that although enrollment in diploma programs was declining, 71% of practicing RNs were graduates of diploma programs, and the rest were from baccalaureate or associate degree programs (Schulte, 1981).

Long cherished symbols like nurses caps were abandoned as sexist by the ‘80s, in an age when men were being heavily recruited into the profession. Although these seem like small changes, they were major, rooted in the changing times. They led to the accountability and scope of practice enjoyed by U.S. nurses today, and certainly shaped and influenced nursing leadership as it exists today.

The Yin and Yang

I will never forget my own experience, as a night supervisor on a two-unit wing of a hospital more than 20 years ago. The leader of the medical-surgical unit was a no nonsense, starched director decades my senior who had graduated from a Midwestern diploma program and come up through the ranks in the organization. She spoke in formal, grammatically correct English, often wore her cap, and cracked the whip daily. Her unit ran like a Swiss watch, and her staff knew exactly what was expected of them. There was a strict reporting hierarchy on her unit, and anyone breaking chain of command was treated severely, no matter the reason for the infraction. Despite this sternness, her staff members, and the physicians and surgeons who frequented her unit, admired her.

The leader of the other unit, an oncology unit, was close to my age, had a master’s degree, and was the first mentoring leader I had met. She was down to earth, friendly, and very approachable, with an open door philosophy. Despite this amicable demeanor, it was clear she was in charge. Within the parameters of running the unit, she sought the staff’s input and encouraged them to take an active role in the functional direction of the unit. Committees were formed to evaluate suggestions, implement suggested changes, and report on the results of those changes. It was one of the first units I had ever seen that provided staff RNs an opportunity to decide on new equipment, schedules, and what best facilitated individualized patient care.

I took the supervisory role with great trepidation, for these two leaders were the epitome of yin and yang. However, to my delight and surprise, the two diametrically opposed approaches allowed me to see how leadership styles impacted the way staff reacted and how they grew.

I found that the staff of the medical-surgical unit enjoyed working in an organized and formal work environment, and appreciated the linear structure and precision of that leader’s unit. Many on the night shift were new graduates who believed they would never be “thrown in the deep end” on this unit. Several of the surgeons routinely requested their patients be admitted to this unit, because protocol mattered there, and patient outcomes were positive.

Staff RNs on the oncology unit had a need to be heard, to have the ability to customize plans of care for their patients, and to be mentored as leaders. Their openness and forthcoming discussions reflected the emotionally charged nature of their work, and suited them in providing the best patient care. Their leader gave them a voice, a structure, a plan for improvement, and worked individually with the staff members to motivate them to grow and further their education. That leader was beloved; she believed in, and supported her staff.

In hiring me, the “old school” director demonstrated a flexibility that I had not dreamed she possessed. Much of her frosty demeanor was adherence to Midwestern reserve as well as a value instilled in her during nursing school that when you come to work, you leave your personal problems at home. And despite that, she understood the personal challenges of her staff well, and did her best to accommodate their educational and family schedules without letting them know. She was formal, but warm with me in outlining why protocol was imperative and what needed to occur during the night shift. She improved my organizational skills and my ability to communicate precisely.

The younger director was a champion for furthering RN’s skills through building competencies, national certification, and continuing education. It was obvious on a daily basis that she expected her RNs to increase their skills and to continue learning. In me, she fostered the ability to channel my impatience into learning opportunities for the staff and to stretch my own perceptions of what made great nurses, and great leaders.

From both, I took away valuable lessons and learned a lot about myself in the process. For starters, I was working with an old school, autocratic leader and one from a new school of freer thinking. To my astonishment, both were very successful leaders of their units, and I was successful in forging effective work relationships with each of them.

Their leadership values were shaped by their own ethnicity, their generational viewpoints, educational opportunities, and life experiences. It also spoke volumes to me that the chief nursing officer of the organization could lead a team with such a diversity of approach, and value everything that those leaders brought to their individual units and staff members.

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Many Levels of Leadership

One of our nursing truths is that leaders have arisen more from legacy than from succession planning, although it has been proven time and again that a brilliant clinician does not always seamlessly make the transition to being an excellent leader. Luckily, most organizations have made a concerted effort to create coherent structures within which leaders can grow and develop.

Yet, unit leaders are not the only leaders on nursing units in hospitals and other settings. Due to the 24/7 nature of patient care, there are shift leaders who may not have been mentored about, or are even aware of, how their personal style impacts those around them. And to a great extent, every RN must demonstrate leadership as he or she makes the myriad daily decisions that compose patient care.

In many ways, every nurse is a leader, with much autonomy in working with individual patients, their families, and the interdisciplinary team. Some leadership skills are required at every level.

So, nursing leaders may also want to adopt 2009 as a year of change and of making the tenets and underpinnings of great nursing leadership more transparent. The challenges and issues that nurses face daily are not new, yet this could be a great chance for leaders to step back and view things from an original perspective and bring staff into the discussion.

The Torch May Not Be Passed – Yet

With the economic downturn and severe loss of value in 401(k) plans and housing equity, many RNs of the Veteran and Baby Boomer generations will be

deferring retirement and opting to continue working. Let's make this a positive occasion to create new roles that allow mentoring of all leaders, and growth and development of new graduates by a more senior and experienced cohort.

Formal succession planning is more important than ever, with inclusion of Generation X and Millennial nurses to focus on increasing the use of technological advances into daily routines. Let us listen, and incorporate it into the nursing wisdom that has amassed over decades of practice. Nurses have the power and the perspective to influence reforming of the entire health care system.

And let's make 2009 the beginning of a transformation of nursing leadership styles that are celebratory, visionary, and inclusive. Let us be unafraid to do things differently, to listen to each other, and to admit what isn't working. Let's come to agreement among chief nursing officers, nurse educators, and those working shifts to transform nursing into the best it can be. Let's prepare the next generation of leaders to take on the mantle with assurance and dignity. If we can make those positive changes, we can influence others to do it too. Let's make the profession of nursing an active change leader in these tough times. \$

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