

New Strategies for Developing Leadership

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There is no doubt we are in the midst of considerable turmoil over healthcare in Canada. Much of it centres around two issues: the future shape of the system (as we write, Prime Minister Paul Martin and the premiers are trying to work this out) and the need to develop sound recruitment and retention policies and practices for nurses and other healthcare professionals. Nurses, indeed all Canadians, are concerned, and cries for leadership are being raised everywhere. But how do we ensure we have the leaders we need to guide us to our desired futures?

For the past 13-plus years, we have been providing workshops, writing and consulting to healthcare organizations in the area of career planning and development. The majority of our work has been with nurses in all stages of their careers and at all levels in the healthcare hierarchy. These nurses have taught us a great deal. Much of what we have

learned over this time – and during our more than 60 cumulative years of nursing experience – has come from witnessing the power and courage of the nurses with whom we came into contact in our work, those who are our students, who care for our loved ones and the loved ones of strangers, and who manage in healthcare organizations. We have also learned a lot about nurse leaders, those who point the way, inform and inspire, whether from the front lines or the executive offices.

All these nurses think broadly and creatively about leadership – clarifying for us as the observers what leadership means, how it is enacted, and how it can be maintained. Specifically, our learning has been focussed on three areas: what individual nurses need and want in order to do and be their best; what enablers exist in organizations, and how to capitalize on them; and how mentoring and coaching can be valuable

resources for developing and sustaining leadership.

In nursing, our leadership approach has typically been “exclusive” – we look first to those in our professional organizations, to senior nurse executives in healthcare agencies and to other prominent individuals to lead the way. Now is the time to consider a different approach to defining leadership and to recognizing and developing leaders. An “inclusive” approach offers a broader definition of leadership and a focus on newer strategies for leadership development.

The following five lessons, derived from our experiences with nurses, reflect our view that nursing can best build a creative and sustainable future by listening to nurses’ voices and developing an inclusive approach to leadership.

1. Leadership is a way of being, not a job description

Leaders are those individuals in formal and informal leadership roles who are recognized by their peers and colleagues as experts in their practice, who consider patient care and nursing excellence as their priorities, who can be trusted and with whom it is easy to have a conversation about one’s dreams and vision for one’s career. Leadership is thus a way of communicating and being with colleagues. We have all seen excellent staff nurse leaders, advanced practice nurse leaders and clinical educator leaders, whose leadership needs to be recognized as an asset to the organization. In our work preparing nurses to take on career coaching roles with their colleagues, we have found that it is often these informal leaders who are able and

willing to develop the skills and expertise required to coach others. They view career coaching as an extension of their roles rather than an added burden.

We have also seen the difference that formal leaders can make. These are the managers, directors and chief nurse executives who know how to inspire others, who believe that others know what they want to do and are prepared to let them do it, and who act when the opportunity presents itself. These leaders seem to belong to the “do it” school of leadership. They do not wait for everyone to understand, agree or support them; they just begin. They take the lead from Florence Nightingale, who said, “Never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often the mustard-seed germinates and roots itself.”

2. Leadership is about acting

One of the consequences of our socialization in hierarchies is that we often wait until conditions are right and the risk is minimal before we act. By then, the change has lost its impact. We must be bolder in our actions, both in their timing and in their substance. Every unit in a hospital need not be organized the same way, nor should every nurse work the same shift or have exactly the same education. It is encouraging to see new models of education (second-entry, compressed programs, fast-track, etc.) and new modes of delivery (online, correspondence, etc.) because these programs recruit individuals who have a vision for what they want to accomplish and see nursing as a vehicle for doing that – our future leaders.

We are not aware of any evidence that suggests that conformity and uniformity are always best for patients or for nurses; it is just our custom. In fact, it is by encouraging diversity in practice that we will develop the profession: “One is not a leader all the time, but a leader knows when the time is right to take the lead” (Bower 2000: 2). We have many leaders among us; we need to nurture and support them. And we must ensure that our workplaces and organizations encourage different ways of leading from diverse kinds of leaders.

3. Leadership in nursing is about recognizing and supporting who nurses are, not only what nurses do

A career in nursing is about being a nurse, not “doing” nursing. Being a nurse is inextricably tied to who we are as people – our values, interests, knowledge and skills both within and outside our professional worlds. We must help nurses articulate their visions for their careers and their work and then show them how to achieve them. This kind of “people leadership” is what helps us build capacity within the profession.

The social contract between employers and employees has shifted “from an expectation of long term to a transitory relationship; from perception of entitlement to shared responsibility; from employees being part of an organization to being a factor in production; and from corporations taking a patriarch’s role to employees bearing more of the responsibility” (Altman and Post 1996: 51). The new employees have also changed the paradigm from which they operate. They seek employers who are responsive to

their learning and professional needs and their particular life stage, and who provide environments that encourage them to do their best work.

In order to create an environment that meets nurses’ needs while striving to meet their own objectives, employers must seek to foster a career development culture that encourages continuous lifelong learning in an employment environment that emphasizes and rewards flexibility over the career lifetime of employees. Effective workplaces in this new landscape will be those in which discussions about one’s career will be welcomed, not met with suspicion or, worse, lack of interest. “The responsibility for a person’s own career planning must be that of the individual, but the responsibility for the success of a career development culture requires the active support and involvement of three principal actors: top management, supervisors and employees themselves” (Conger 2002: 371).

The focus of our work is on helping nurses become career resilient. Such nurses are able to articulate a vision for their future, identify what they need in order to be the best they can be and manage and even thrive in a dynamic and ever-changing environment. These are the nurses we want to keep in the profession, the nurses who want to stay in nursing and, in many ways, the ones we are most at risk of losing (either by commission or omission) if we are unable to provide them with opportunities to grow as professionals and individuals. Enabling nurses to realize their career visions is a wonderful retention strategy.

4. Managers are critical in building the “people strength” of organizations

In a 1996 article in the *Harvard Business Review*, Henry Mintzberg noted that effective managers employ what he terms the “craft style of managing.” Their leadership is inspiring, based on “mutual respect rooted in common experience and deep understanding. ... Craft managers get involved deeply enough to know when not to get involved.” We call that kind of leadership leading by standing back. Organizational success, thus, is defined as ensuring the success of others through leadership – enabling nurses to do what is best for clients and patients in a manner congruent with the organization’s vision. Such leadership assumes that the leader shares a common bond with the staff in valuing patient care and wants to see them succeed.

We have talked with literally thousands of nurses in many parts of the country and the world, and one thing stands out clearly. Nurses want to nurse, and they see front-line managers as critical to their ability to achieve that goal, either by impeding or facilitating it. The good news is that we are developing an increasingly talented and passionate group of nurse managers, but we still have a group who *manage* more than they lead, that is, who can’t “stand back.” In a small survey we did a number of years ago, nurses ranked managers next to last in a long list of people to whom they would go for career advice and help (Donner et al. 1998). Nurses told us in those surveys that their managers needed career advice themselves, that managers didn’t want to hear what

nurses’ aspirations and goals were and that they would be punished if they indicated an interest in seeking new opportunities.

We can see signs that the environment is changing, but perhaps the means to making it change more quickly would be to ensure that managers are given the recognition they need and that they are also provided with opportunities to become career resilient. Too many well-intentioned managers who aspire to lead and develop others have not learned how to lead and develop themselves – they are trying to improve their teams or organizations without changing themselves. The bottom line is that we must invest in managers if we want them to lead. Only then can they guide front-line staff, those who are charged with delivering quality care, those who actually enact the vision and mission of the organization.

5. Mentoring and coaching are valuable and effective strategies in building individuals’ and organizations’ leadership capacities

We now have mentorship and coaching programs in schools, in healthcare agencies and in professional organizations. But mentorship represents more than a program. While the motivation for these programs is laudable – to assist novices to grow and develop and to provide opportunities for experts to share their knowledge and experience – they run the risk of losing their creative and nurturing potential. Institutionalizing mentoring is not a bad thing in itself, but it must be institutionalized into the profession, not only into the

organization. If the mentor is a coach, confidant and career guide, one who demonstrates “unconditional positive regard” (Rogers 1961: 47) for the protégé, then surely we must all learn to mentor one another. This is in many ways a natural nursing skill – one that fits well with the work nurses do with clients and patients.

We do not need to wait for our workplace to develop a program; let's just begin. Let each of us who calls herself or himself a leader resolve to bring one protégé to the next meeting or conference we attend. Let each faculty member publish with a student and then encourage the student to publish with other students. Let each of us who is a leader determine to recommend a junior colleague for membership on a committee or suggest that the colleague be invited to a meeting rather than go ourselves. Let each of us who is a leader resolve to assist aspiring leaders to participate in forums for enabling such leaders to reach their goals. These are but a few of the simpler ways we can begin to mentor as part of being a professional – not solely as part of being a member of an organization or a mentorship “program.”

Career coaching is a related strategy that encourages and develops novices and provides opportunities to enhance leadership skills. It helps staff integrate their vision for their own career futures with the organization's mission and goals. Coaching helps reduce some of

the discouragement and disillusionment often felt by new graduates and new employees.

New recruits are a vulnerable group in healthcare organizations. We cannot afford to lose them, but we will if we do not target them for attention that meets their specific needs. These nurses need help in understanding the organizational culture and in learning how to “negotiate the system.” They need to be helped and challenged to succeed, not watched to see whether they will fail.

Mid-career nurses are another vulnerable population whose needs are very different. They are asking themselves, “What next?,” “Is this all there is?,”

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“Is it time for me to leave?” Coaching gives them an opportunity to reflect and re-energize, articulate their vision for their future and see that their desired future is possible within the organization and within nursing. These nurses, who generally do not feel appreciated, could be recognized for their experience and offered enhanced (not additional) roles as mentors, “intrapreneurs,” consultants, preceptors and career coaches, to name just a few. These very individuals are just what new recruits need to help them learn how to grow in the workplace and in the profession. In this way, the organization is able to retain invaluable resources, in other words, provide leadership.

Other groups that require individualized career attention through coaching and mentoring include younger nurses who are coping with young families and need a workplace that is willing to invest in them in the short term to see the return on investment develop in the long term. Older nurses, struggling with less energy and with the demands of aging parents or partners, also require help in meeting their career needs while continuing to contribute to the organization’s mission and mandate. They require more varied and flexible work. Nurses from diverse cultural and ethnic backgrounds, men and others who may be considered “visible minorities” must have the opportunity to learn how their distinctive career needs can be met within the organization. Coaching, along with other career planning programs, can also form an important part of organizational succession planning – a strategy to ensure continuity of leadership.

Last thoughts – for now

Of the thousands of nurses we have met and worked with over the past decade, more know what they want to do and be and are looking for permission and encouragement to pursue their vision. The challenge for the leader, at the bedside or in the boardroom, is to appreciate the amazing and often untapped potential within individual nurses and to find the opportunities that will help those nurses fulfill their vision for their own future. Leadership is about engaging with nurses, listening to them and developing the structures and processes that will enable them to grow and develop and be the best they can and want to be. Now is the time to seize the initiative and begin.

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