

From the Editor-in-Chief

Leadership, You Say? Earlier this year I had a very stressful experience. I was invited by a medical colleague to speak at the annual conference of a national academic medical organization. The topic was leadership development, and I was asked to focus on nursing. I didn't ask many questions because I thought I knew what leadership development in nursing meant.

I did a fair amount of research, consulted some colleagues, thought hard and prepared a talk and PowerPoint slides. I set off for the meeting feeling reasonably confident. I was prepared to say that nursing as a profession was obsessed by leadership. To support that position I had done a library search using the terms leadership and nursing, then, in order, leadership and medicine, social work, physical therapy and occupational therapy. Although not very scientific, this approach provided a sense of the attention the topic has received. Since 1976, there have been five articles related to leadership and physical therapy, 37 articles in occupational therapy, 75 in social work, 992 in medicine and 2,349 in nursing. Enough said!

At the conference that morning, I listened to a series of excellent presentations from a medical dean and several heads of academic departments of various medical specialties. All talked about how they were preparing scientists, about various programs they had implemented and their success across different specialty areas, about strategies that had worked to draw medical students and residents into research careers and their subsequent success in national and provincial competitions for research career awards. The word leadership was rarely used. It didn't have to be, because there was a shared understanding in the room that leadership was about science and the development of scientists.

My anxiety began to rise as I figured out the day's focus. The closer it got to my time to speak, the more convinced I became that this audience would not be interested in my discussion of the leadership issues in practice and academic settings in nursing, theories and practices that were driving leadership development programs, research results showing qualities important in leadership and the special problems of academic leadership.

I did not give my prepared talk or use my slides. I told the audience that leadership development clearly meant very different things in medicine and in nursing. Off the top of my head, I spoke about the development of scientists in nursing. My talk was not well organized or compelling, because even though I know a fair amount on the subject, I was sufficiently discombobulated that I stumbled around, pursuing tangents that were not very relevant. The best thing to be said about my presentation is that it was short!

How could I not have known that this audience would be interested, not in how we prepare our deans and directors, nurse executives and unit managers, but in how we prepare our scientists? The fact that they were academics should have been a clue. Yet, I wonder if our academic leaders and even our scientists think of leadership when they speak of preparing the next generation of scientists.

I then began to question whether we should talk about preparing scientists when discussing leadership development. I decided that yes, we should. At least, the preparation of scientists should loom very large in our leadership development plans.

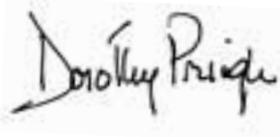
Why has the development of nurse scientists not been a major thrust of our leadership development strategy in Canada? Part of the answer probably lies in our not having a comprehensive leadership development plan of any kind in this country. What is our plan to develop academic leaders? Administrative leaders for the healthcare system, both institutional and community? Leaders for research institutes and centres? Leaders for knowledge development?

The nursing profession took the best part of the latter half of the 20th century trying to establish baccalaureate education as basic preparation for practice, and we are almost there, Manitoba and Quebec notwithstanding. That struggle pretty well absorbed the creative energy of the academic community. What energy was left went into establishing doctoral programs, and by the end of the century, we were successful in that, as well. There are now eight established doctoral programs in nursing, three either newly approved or in the approval process and several others in which nurses can pursue topics in nursing and be supervised by nurse scientists within interdisciplinary programs. The down side is that our production from these programs is still very low; even when the number of nurses graduating with PhDs in other disciplines is added in, we still graduate too few scientists a year for a profession the size of nursing. Furthermore, nursing's education budgets have had to bear the full burden of the costs of preparing scientists. Our budgets are stretched to cover the cost of theoretical and clinical education of undergraduates and increasing numbers of graduate students. The situation is different in medicine, where hospital research institutes and academic physicians' clinical earnings underwrite the cost of much of the research preparation of future medical scientists.

There are many reasons to increase the number of nurse scientists: we need more research conducted in areas relevant to nursing practice and administration, more strategies for developing the appropriate transfer of research into practice and more research-based practice. But we also need to develop scientists for leadership positions. They are likely the best people to know how to deploy researchers in practice environments and in education, and they may have greater ability to lead research transfer initiatives than nonscientists (this may be a good question for investigation). Nurse leaders should be on top of the research being conducted in their areas, and they should know how to use it.

I think the major reason we do not (or at least I did not) include the preparation of scientists in our conceptualization of leadership development is that we simply have too few of them. Until we have a critical mass of scientists, we will think of them as scientists or researchers and not as leaders.

There is much about the medical profession that nurses would not wish to emulate but when it comes to the ability to produce outstanding scientists, medicine holds many lessons for us. On the other hand, nurses may have something to teach physicians about leadership development. Surely, our preoccupation with it must have taught us something.

A handwritten signature in black ink that reads "Dorothy Pringle". The signature is written in a cursive, flowing style.

Dorothy Pringle, PhD
Editor-in-Chief