

Challenges to Developing and Providing Nursing Leadership

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Our society is becoming more complex. Although change is not pervasive, the pace of change is becoming more rapid. Leaders must deal constantly with managing both change and continuity. Canadian nursing is experiencing a dearth of persons qualified and willing to assume leadership roles at a time unparalleled with respect to opportunities for advancing the profession. Challenges to developing and providing nursing leadership include

- recognizing the interdependency of leadership and management and making leadership competencies an integral component of nursing education
- addressing the basic orientation of leaders, that is, to self or to the system, and placing greater emphasis on the latter
- overcoming contradictory messages concerning the value of leadership in the development of the profession and the discipline
- balancing early recognition and promotion with establishment of professional credibility.

Leadership and management are different yet interdependent. Leadership requires a vision, that is, an idea of where the profession, organization or subset should go and how it should get there, and the capacity to make that vision a reality. The vision reflects underlying values and evolves from and is shaped through experiences of the past and ongoing interaction with others. The key to leadership is values and the power to convey values. Bringing that vision to reality necessitates engaging others to buy into those values and vision, and mobilizing their commitment. Leaders forge a new sense of cohesion and purpose within a group. Leadership without management is chaotic and wasteful. Alternatively, management without leadership is dangerous and destructive. For example, since the late 1980s the Canadian

healthcare system has experienced the destructive impact of management without professional leadership.

Leadership development should not be left to chance, but be recognized as an area of study. Although leadership preparation is a stated objective of the majority of nursing education programs, insufficient emphasis is given to the acquisition of knowledge, skills and attitudes associated with leadership. Comparable to the preparation for research or clinical expertise, leadership development must commence at the basic level, be reinforced through continuing education and be honed at the graduate level. Inter-professional education and practice opportunities are essential to that preparation. The core competencies of leadership and the mind-sets of management have been clearly identified (Porter-O'Grady and Wilson 1995; Porter-O'Grady and Malloch 2003; Gosling and Mintzberg 2003). Key concepts such as relationships, reflection and collaboration are already integral to many nursing curricula. At the graduate level, leadership and management should be an area of specialization, while recognizing that all students should acquire some advanced preparation in leadership/management specific to their area of interest, such as research or a clinical specialty.

Leaders may be categorized as oriented to self (reflective of the value of individualism) or to the organization or system (reflective of the value of collectivism). The primary focus of the former is promotion of self, whereas the priority of the latter is the welfare of the organization. Self-oriented leaders tend

to view themselves as more important than – even separate from and above – their colleagues; they act as if rules and regulations apply only to others, and perceive themselves as decision-makers while others are merely implementers. Such leaders often thrust their will upon others. Development of the organization and its members, especially future leaders, is of secondary importance. High turnover within the organization is a common outcome. Frequently, stagnation, deterioration or both occur as the organizational structure undergoes changes that do not support the decisive role played by rank-and-file members. Recovery may take years. Under this type of leadership the organization may blossom for a short time, but the changes are not sustainable as they are tied to the individual. These leaders use the resources of an organization for personal gain prior to leaving. In the business world the gain may be largely economic, whereas in nursing it may primarily serve prestige and reputation. In selecting persons for leadership positions, more attention has to be paid to the extent to which candidates have facilitated the development of the organizations from which they are being recruited.

In contrast, organization- or system-oriented leaders value the contributions of others and perceive themselves as having earned leadership through the respect of their colleagues. They inspire and engage others and work collaboratively to establish and achieve a vision and purpose. The welfare and ongoing development of the organization and its members take precedence over self-

interest. The emphasis is on the commitment of all members of the organization to underlying values. Under this style of leadership, the organization develops and moves to increasingly higher levels of functioning as members' energy and expertise are harnessed into a cohesive whole. This type of leader helps establish structures, conditions and attitudes through which things get done. She or he fosters the development of future leaders because as many persons as possible are encouraged to take the initiative and pull the organization together.

These two styles of leadership are similar to what Gosling and Mintzberg (2003) describe as heroic and engaging management. Within nursing we have both types. The challenge is to develop and promote more organization- or development-oriented leaders in an era in which pressures within Canadian society seek to replace the overriding values of collectivism with those of individualism.

While citing the essential role of leadership, the profession and the employers of nurses often promote and reward other roles to the detriment of leadership. For example, in universities, tenure and promotion are based primarily on contributions to teaching and the advancement of knowledge through research and publication. In competitions for research grants or career awards, leadership in research is secondary to the quantity and quality of publications. It is not surprising that the focus for many individuals is on advancement of self, not the system. Excellent clinicians may not develop the

competencies required for leadership, or even those of management. In many settings, length of time in service is rewarded more than leadership. Promotion in other settings is based on advanced preparation in nursing, which may not include leadership skills or even preparation in areas pertinent to leadership roles.

Changing the system to recognize and reward leadership will be difficult but not impossible. Some organizations have already introduced measures by which leadership at various levels is recognized, such as annual awards of nursing leadership excellence. One strategy to effect change in the recognition-and-reward system is to have more nurses with a high level of competency and credibility in the relevant area as members of decision-making groups, for example, tenure and promotion committees of universities, scientific review committees of research funding agencies, and human resource committees of service agencies.

Providing leadership is not always an enviable undertaking. Many budding leaders are curtailed at an early stage of development. A not uncommon response is the "tall poppy syndrome" – cut off the head of anyone who dares to be different and rise above the majority. Instead of working with the emerging leader, the system tries to ensure conformity. Organizations need to develop supportive cultures in which individual differences are recognized and valued as contributing to the collectivity. Emerging leaders need opportunities to establish professional credibility while acquiring leadership competencies.

Introducing a system of mentors and providing increasingly more complex leadership opportunities balanced with system demands is a useful strategy. Those who move into demanding leadership roles too early may lack credibility with peers, or may jeopardize their career. Leaders at all levels require support from colleagues and others.

Being perceived as having credibility with peers and others may be a barrier to emergent nurse leaders. For instance, in academia, search committees often cite an outstanding track record in research as essential for academic leaders. However, an outstanding researcher may not have the abilities required for the multiple roles associated with leading an academic unit. Yet an individual with demonstrated leadership abilities in nursing may be rejected for lack of research credibility. Enhanced mobility across work domains would enlarge the leadership pool. If credibility is tied also to length of experience, the relatively young leader may be dismissed as unsuitable for middle or senior leadership roles. One of the challenges is to recognize persons with leadership abilities or potential, and be willing to take risks.

Leadership in nursing is confronting a number of challenges. We can learn from and build on the past to take us into the future. Throughout its history, nursing has had remarkable leaders, all of whom were shaped by – and helped shape – the society and healthcare system in which they worked. The challenges of today are opportunities for moving the profession, and the system, forward.

References

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