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Contents

Contributors ix

Foreword xiii
Susan B. Hassmiller, PhD, RN, FAAN

Publisher’s Perspective xvii
Allan Graubard

Acknowledgments xix

1. Introduction 1
   Greer Glazer

2. Nursing: A New Paradigm 15
   Martin Alpert

3. Nursing Leadership in an Era of Collaboration 21
   Amy V. Blue

4. Leading Change: Perspectives From a University President 31
   Carol A. Cartwright

5. A Call to Leadership 43
   Michael F. Collins

6. Lessons Learned From the Nurse in Charge 55
   Arthur G. Cosby

7. An Economist’s Perspective on Nurse Research Leadership 65
   Jerry Cromwell

8. The Essence of Excellent Health Care Delivery 89
   Michael J. Dowling

© Springer Publishing Company, LLC.
9. Hiring as a Pathway to Understanding Leadership  
   Karen Gross

10. Nursing Leadership Lessons:  
    An Association Executive’s Perspective  
    Wylecia Wiggs Harris

11. Philanthropy and Nursing Leadership  
    Kate Judge

12. Nursing Leadership: A View From Congress  
    Steven C. LaTourette

13. Nursing Leadership: The Symphony Conductor  
    Johnnie Maier

14. Nursing Leadership: As It Should Be  
    Shawn D. Mathis

15. Nursing Leadership: Pushing Ohio Slowly Forward  
    Joan Mazzolini

16. Perspectives on Nursing Leadership: From a  
    Physician Chief Executive Officer  
    David C. Pate

17. Nursing Leadership: Contributions to  
    Safety and Quality  
    Al Patterson

18. “Nursing” Is Not Just About Nurses . . . Nor Is  
    “Leadership” Just About Leaders  
    Scott Reistad

19. Nurse Leadership  
    Anne Rosewarne

20. Nursing, Health Reform, and the Achievement  
    of Better Health for All People  
    Barry H. Smith

21. Nurse Leadership in the Managed Care Setting  
    Derek van Amerongen
22. Advancing the Transformational Nurse Leader in an Optimal Health Care System  237
   Steven A. Wartman

23. Nursing Leadership: A Perspective From a Friend of Nursing  245
   Louise Woerner

24. Closing Thoughts on Nursing Leadership From the Present Into the Future: Perspectives From a Collaborative Team  255
   Victor J. Dzau and Catherine L. Gilliss

25. Summary and Future Directions  265
   Greer Glazer and Joyce J. Fitzpatrick

Index  271

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Foreword

Nursing Leadership From the Outside In by Greer Glazer and Joyce J. Fitzpatrick offers leadership lessons for aspiring nurse leaders from luminaries in business, medicine, philanthropy, government, academia, research, and health care. These nurse champions know firsthand the potential for nurses to help transform health care and improve patient care, as well as the myriad obstacles we face in making our voices heard. As businessman Shawn D. Mathis states in his chapter, “The true leaders of the health care industry are on the front lines of health care delivery.”

But nurses know all too well that we are seldom at the policy and decision-making tables to influence the debate on how to improve health care. A recent survey of 1,000 hospitals in the United States by the American Hospital Association (AHA) found that nurses account for only 6% of hospital board members. In comparison, physicians account for 20% of board members, and other clinicians make up about 5% of hospital board members (AHA, 2011).

Nevertheless, health care leaders desire nurses to have more influence. A recent Gallup poll of 1,500 health opinion leaders said they wanted nurses to have more influence in a variety of areas, especially in reducing medical errors, increasing quality of care, and promoting wellness. They also believed that nurses should have more input and impact in planning, policy development, and management (Robert Wood Johnson Foundation, 2010).

The Robert Wood Johnson Foundation (RWJF) strongly believes that nurses, as the largest segment of the health care workforce and the providers who spend the most time with patients, must be central to efforts to improve health care. That is why we have invested over $300 million in nursing programs in the past 10 years and why we support numerous nursing leadership programs, including our flagship RWJF Executive Nurse Fellows program, in which Greer Glazer participated from 2001 to 2004. I am proud that Greer Glazer is coediting this book with Joyce J. Fitzpatrick.

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She continues our storied tradition of our alumni working to improve the health and health care of all Americans.

RWJF’s nationwide Future of Nursing: Campaign for Action, which we lead along with AARP seeks to ensure that all Americans have access to high-quality, patient-centered health care by advancing the recommendations of the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*. A major focus of the Campaign is to work at the national and state levels to transform our health care system by ensuring that nurses are part of management discussions and health care policy debates. Nurses must be at the table when decisions are being made about patient care delivery.

This book, if adopted widely, will prepare and enable nurses to lead change to advance health. *Nursing Leadership From the Outside In* offers practical advice, lessons learned, and testimonials as to how nurses can prepare themselves for leadership, which in turn, will help them to provide exceptional patient care.

Schools of nursing, leadership programs, and nursing associations throughout the United States should make this book required reading. Readers should heed the words of the American Nurses Association’s Wycleia Wiggs Harris, chief of staff and special projects officer: “take from this book what is relevant to help you grow and become a transformational leader well positioned to participate in and lead collaborative dialogue in advancing health care.”

It is my hope that nurses at all stages of their careers and at all levels will follow the advice of the health care leaders in *Nursing Leadership From the Outside In*. As Greer Glazer notes in her Introduction, there has “never been a better time to prepare nurse leaders to transform health care.” Take the lessons here, apply them, and become the leaders we so desperately need to improve health and health care for all Americans. With *The Future of Nursing: Leading Change, Advancing Health* serving as the blueprint to transform the nursing field and improve patient care and its offering of detailed advice, all nurses will be able to help make history by implementing important strategies to ensure great patient care for all.

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Publisher’s Perspective

When Joyce Fitzpatrick and Greer Glazer first approached me with their idea to publish a book on nursing leadership from the outside in, I was immediately attracted. Here was a pertinent, vivacious perspective that involved interprofessional collaboration on many levels, from the macro to the micro. It was also a perspective that nurse leaders knew well by virtue of their experience in education, and in the practice, policy, and industry arenas. When have nurse leaders not worked with other health science leaders, government officials, political appointees, and private industry captains on diverse issues that inform and structure health science, its economics, and the way care and cure are provided? At the same time, I had not yet seen a book dedicated to this collaboration with this particular point of view. Although nursing leadership books mention or discuss interprofessional collaboration, it is more than rare to find content about nurse leaders and the leadership they provide from leaders in other fields.

There is a kind of insular quality within nursing, and the discourse about nurse leadership, that this book avoids. Certainly, this grows more important with the recent Institute of Medicine document that calls for nursing to collaborate openly and horizontally, and at all levels, with its health science colleagues. Stating the need, however, does not clarify or resolve the distinctions among disciplines, nor does it offer a means to do so, especially in terms of power relationships and the kind of authority rooted in those relationships.

How can health science, the health care industry, and health policy make best use of its largest professional workforce and how can that workforce make best use of them? In another sense, how can nurse leaders best use their positions within a practice environment that is currently more integrated than the academic environment, and, I must add, within both as a continuum of learning and doing?
Publisher’s Perspective

This book, although certainly not a first step in responding to these questions, does open up, or more broadly open, a dimension that nurse leaders face on a daily basis: how they are viewed by those who work with them. It is both a reflection and a refraction of what nurse leaders offer, what they have offered, and what they will offer in a society in which health care largely remains a commodity for purchase by individuals. In the United States, we have yet to achieve what other countries have achieved and profit by: universal health care coverage.

Understanding how others view you is important in recognizing how best to work with them. That truism is no less true for being a truism. It is what this book takes to heart. I also hope it is a sign that publishers will respond with speed and discretion to new conditions, needs, hopes, and strategies that now inform and seek to reform nursing leadership, from the ground up.

Allan Graubard
Former Executive Editor
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Acknowledgments

I have stood on the shoulders of giants in nursing. My early and subsequent exposure to exemplary nursing leaders including Jan Bellack, Becky Bergman, Gaurdia Bannister, Shirley Chater, Marilyn Chow, Joyce Clifford, Rosemary Ellis, Jeanette Ives Erickson, Jacqueline Fawcett, Vernice Ferguson, Joyce J. Fitzpatrick, Nancy Lytle, Pat Reid Ponte, Rozella Schlotfeldt, and May Wykle, have fueled my passions for nursing and assuring that nurses are at the table to provide our unique contribution to the health of people and communities. My brother, Gary Glazer, and father, Norman Glazer, national physician leaders, provided me with an early interdisciplinary perspective and mentored me in leadership from the beginning of my career. All of my efforts would not have been possible without the tremendous support of my family who have endured a commuter marriage for 8½ years—my husband, Kerry Volsky, and children Jessica, Hannah, and Norman Volsky. Thank you to Angela Clark, a PhD student at the University of Cincinnati, who assisted with all aspects of this book. Thank you also to the contributing authors with expertise in government, medicine, academia, nursing, health care management, and leadership for sharing their life experiences.

Greer Glazer

I echo the words of my colleague, Greer Glazer. Those of us in leadership positions today have learned from the trailblazing work of our predecessors. Without leaders and mentors in nursing and health care the nursing profession would not be as advanced as it is today. I also add my thanks to the chapter contributors. Current and future nurse leaders will benefit greatly from your insights and advice. I would like to acknowledge the work of the doctoral
students from Case Western Reserve University Frances Payne Bolton School of Nursing, Margaret Delaney, Margaret Murphy, Mary Beth Modic, and Erin Ross, who identified key focus areas for the chapters and provided editing insights in their earliest versions. Thank you.

Joyce J. Fitzpatrick
Introduction

Greer Glazer

Since the beginning of civilization the groundwork and expectations for nursing practice have been in a state of constant transformation in response to the personal, community, and global health needs of the times. The increasingly more complex, diverse, and interdisciplinary facets of the health care system prompted the Institute of Medicine and the Robert Wood Johnson Foundation to join together and assess the current state of health care, thus issuing a “call to action” by the nursing profession. This monumental report challenges nurses to practice to the full extent of their training, achieve higher levels of education, transform health care and improve research and information systems. The heightened roles of the professional nurse allow nurses of all practices to more fully develop their leadership skills. Throughout my career I have closely observed the intraprofessional workings of nurse leaders and borrowed lessons from leaders of other fields to enhance my practice. Nursing Leadership From the Outside In showcases perspectives on nursing from a dynamic composite of successful leaders and offers guidance and insight while motivating and empowering even the most accomplished professional.

My personal and professional life changed in April 2001 when I was notified by the Robert Wood Johnson Executive Nurse Fellows (RWJENF) Program that I was a finalist for their leadership program. I was invited to New York for an interview that would determine the awardees. The interviewers asked me a question that was identical to a question on the written application, and I felt well prepared to answer. The question was, “Who do you want to be your mentor during this program?” I confidently replied that I felt that the dean of the top-ranked school of nursing would be an outstanding mentor. Without missing a beat, the interviewer replied that as an experienced nurse executive, I certainly had spent enough time with nurse leaders. One goal of
the RWJENF program was to expose nurses to excellent leaders in other disciplines. There was a wealth of information that non-nurses could teach nurses about how they viewed nursing, health care, and leadership that would expand my worldview, network, and potential to influence and transform health care. This was a revelation to me as I believe it was to the other Fellows who were selected. It was time to stop talking to ourselves and to listen to and learn from the expertise of others. I ended up being mentored by then Congressman and current Senator Sherrod Brown and Dr. Lois Nora, former dean of the Northeastern Ohio University College of Medicine. I learned very much about leadership from these nonnurses: one a politician and the other a physician. The importance of knowing people from other disciplines and professions, understanding their perspectives, learning from them, and jointly working together toward common goals (that would be different if you considered only one point of view) was a lesson that I learned for which I am grateful. The idea to edit a book on how others perceive nursing leadership was a natural evolution of my RWJENF experience.

There has never been a better time to prepare nurse leaders to transform health care. The Robert Wood Johnson Foundation (RWJF) approached the Institute of Medicine (IOM) in 2008 to propose a partnership to assess and respond to the need to transform the nursing profession. They believed that this initiative for the future of nursing, coupled with health care reform resulting from the signing into law of Patient Protection of the Health Care Affordability Act on March 10, 2010, created a unique opportunity to transform the health care system. The transformation would result in improved health outcomes by increasing access and quality, promoting wellness and disease prevention, reducing health disparities, providing compassionate care across the lifespan, and slowing health care costs.

An 18-member interdisciplinary committee was appointed that included six nurses. They had five meetings, three public forums, searched the literature, collected testimony, held site visits, commissioned research papers, and sought public input to gather information (IOM, 2011). Their report, The Future of Nursing: Leading Change, Advancing Health (2011), was published and disseminated widely on November 30, 2010. The significance of the IOM releasing this report is that the National Academy of Sciences
is charged to provide unbiased and authoritative advice to decision makers and the public to improve health. In addition, this was not a report written by nurses about nurses. This is the first national report on nursing with recommendations that are evidence based. One would think that most nurses would be familiar with the IOM report and its recommendations. In my conversations with practicing nurses; students in baccalaureate, master’s, Doctor of Nursing Practice (DNP), and PhD programs; and educators throughout the country, I have been amazed that most are unaware of this landmark report, and if they do know about the report, cannot cite more than a few of the recommendations. *The Future of Nursing: Leading Change, Advancing Health* has four key messages and eight recommendations that will serve as a blueprint for charting the future of nursing. Key messages are as follows:

1. Nurses should be able to practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners with physicians and others in redesigning U.S. health care.
4. Effective workforce planning and policy making require better data collection and an information infrastructure (IOM, 2011, p. 4).

The eight recommendations are as follows:

1. Remove scope-of-practice barriers (p. 9).
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts (p. 11).
3. Implement nurse residency programs (p. 11).
4. Increase the proportion of nurses with BSN degrees to 80% by 2020 (p. 12).
5. Double the number of nurses with a doctorate by 2020 (p. 13).
6. Ensure that nurses engage in lifelong learning (p. 13).
7. Prepare and enable nurses to lead change to advance health (p. 14).
8. Build an infrastructure to collect and analyze health care workforce data (p. 14).
Two of the eight recommendations specifically use the word “lead,” and the others indirectly relate to the need for nursing leadership. A flashback to my RWJENF experience reminds me that it is not enough to make sure that all nurses know about the IOM report. If nurses are going to lead the transformation of health care, we need physicians, politicians, insurance executives, health care chief executive officers, consumers, everyone, to join our efforts.

Leadership has been a competency of the RWJENF program; an American Association of Colleges of Nursing (AACN) BSN, MSN, and DNP essential; a National League of Nursing (NLN) baccalaureate, master’s and doctoral program competency; a “Health Professionals for a New Century” transformative learning objective (Frenk et al., 2010); and among the Interprofessional Education Collaborative Expert Panel’s Core Competencies for Interprofessional Collaborative Practice (2011).

The RWJENF Program was developed by Ed O’Neil and Associates at the University of California, San Francisco in 1997 to “inspire senior level nurses in executive roles to continue the journey toward achieving the highest levels of leadership in the health care system of the 21st century” (RWJF, 2008b). The five core competencies of the program were self-knowledge and self-renewal; inspiring and leading change; risk taking and creativity; strategic vision; and interpersonal and communication effectiveness (RWJF, 2008a). The RWJENF program office transitioned to the Center for Creative Leadership (CCL) at the University of North Carolina Chapel Hill in 2011.

The retooled RWJENF Program goal is to “create a cadre of nursing leaders with enhanced leadership capacity who drive improvements in population health; access, cost, and quality of American Health Systems, and the identification and formation of future health professionals” (CCL, 2011, slide 3). The four major competencies are leading self (increasing self-awareness, developing adaptability, managing yourself, learning agility, and leading with purpose); leading others (managing effective teams and workgroups, building and maintaining relationships, leveraging diversity and difference, developing others, and communicating effectively); leading the organization (leading change, solving problems, making decisions and managing work, managing politics and influencing others, boundary spanning, and setting vision and strategy), and leading health care (exerting leadership in and through professional
organizations, exerting leadership on boards and expert panels, exerting leadership in interprofessional contexts, exerting leadership through political/legislative action, and exerting leadership by improving health care) (RWJF, 2012).

AACN, which represents baccalaureate and higher degree programs, has developed essential competencies for baccalaureate, master’s, and DNP programs that include leadership.

Baccalaureate essential II is “Basic Organizational and Systems Leadership for Quality Care and Patient Safety” (AACN, 2008). The baccalaureate nurse is expected to practice in complex health care systems and assume the role of provider of care; designer/manager/coordinator of care; and member of the nursing profession. The master’s-prepared nurse is expected to manage complex systems of care by exhibiting flexible leadership and critical action (AACN, 2011). Master’s prepared nurses are leaders in all settings in which health care is delivered. They assume roles of clinician, outcomes manager, advocate, educator, systems analyst/risk anticipator, and leader and partner in the interprofessional health care team. Master’s essential II, “Organizational and System Leadership,” builds on the baccalaureate competency to prepare master’s nurses for management roles at the microsystem level by initiating and maintaining effective interprofessional working relationships using respectful communication, collaborations, care coordination, delegation, and initiating conflict-resolution strategies. They assume a leadership role in effectively implementing patient safety and quality improvement initiatives (AACN, 2011).

DNP programs are designed to prepare nurses for the highest level of leadership in practice that is innovative, evidence based, and reflects application of research. DNP graduates assume roles of APN (nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives), organizational leadership/administrative roles, and policy roles. DNP essential II, “Organizational and Systems Leadership for Quality Improvement and Systems Thinking,” builds on the baccalaureate and master’s competencies by adding the ability to conceptualize feasible new care delivery models based on nursing science and organizational, political, cultural, and economic realities. DNP graduates assume accountability for the quality of health care and patient safety for panels of patients, a target population, set of population health
systems or community using principles of business, finance, economics, and health policy (AACN, 2006).

NLN, the voice for nursing education that includes associate degree and diploma nursing programs, embeds leadership in the professional-identity competency for baccalaureate, master’s and doctoral programs. A baccalaureate nurse will express one’s identity as a nurse by exhibiting a “willingness” to provide leadership in “improving care” (NLN, 2011). Master’s-prepared nurses will implement one’s advanced practice role by demonstrating leadership, promoting positive change in people and systems, and advancing the profession. Competencies for graduates of practice doctorates do not include the word “leadership”; however, leadership competencies are necessary in order to attain NLN DNP competencies in designing and implementing changes in nursing practice and health policy that will serve a diverse population and diverse nursing workforce.

The International Council of Nurses (ICN) has been a pioneer in leadership development for nurses for over 25 years. ICN identified Leadership for Change (LFC) as one of three key program areas (pillars) crucial to the betterment of nursing and health, and its activities are focused in these areas. ICN recognized that leadership is essential for nurses to be involved in health internationally.

Those who are or will be in key leadership and management positions need to be adequately prepared to help shape policy, work effectively in interdisciplinary teams, plan and manage effective and cost-efficient services, involve communities and key stakeholders in health care planning and delivery, and prepare other nurse managers and leaders for the future. (ICN, 2011a)

ICN developed the LFC program to change the current situation in which nurses are often perceived as traditional and reactive, and not as leaders who could have an important contribution to broader health service policy development and management. Nurses’ potential or confidence to operate in many ways is often not clear to themselves. (ICN, 2011a)
ICN’s program is based on the premise that nurses need to be prepared for leadership not only in nursing but also in health service. The ICN also has a Global Nursing Leadership Institute, “an advanced leadership program for nurses and/or midwives in senior level and executive positions.” This program enables senior/executive nurses to “enhance their national and global leadership knowledge and skills” (ICN, 2011c). Participants in this program are expected to be able to form strategic national and global alliances, understand health care globally, and assume leadership positions nationally and globally. The Leadership in Negotiation program is the other thrust of ICN’s leadership development strategy (ICN, 2011b).

Leadership competencies are being recognized as essential to other health professions as well as nursing. The Interprofessional Education Collaborative (sponsored by the AACN, American Association of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health) identified core competencies for interprofessional collaborative practice. Their vision is that interprofessional collaborative practice is critical to safe, quality, accessible patient-centered care. Specific team and teamwork competencies include “apply leadership practices that support collaborative practice and team effectiveness.” Graduates of nursing (and other health profession) programs are expected to demonstrate leadership in advancing effective interprofessional collaboration through reflection, promotion of effective decision making, identification of barriers to collaboration, flexibility and adaptability, ability to assume different roles on teams and be supportive of others on teams, and establish and maintain effective working relationships with individuals, families, and organizations to achieve common goals (Interprofessional Education Collaborative Expert Panel, 2011).

The Commission on Education of Health Professionals for the 21st century was formed in January 2010 to develop recommendations that would transform education in nursing, medicine, and public health with the goal of strengthening health systems in an interdependent world. This Commission included 20 people representing diverse disciplines and countries. The report, “Health Professionals for a New Century: Transforming Education
to Strengthen Health Systems in an Interdependent World,” was published in *The Lancet* (www.thelancet.com, DOI:10.1016/S0140-6736(10)61854-5). The vision of this group is that

all health professionals in all countries should be educated to mobilize knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centered health systems as members of locally responsive and globally connected teams. The ultimate purpose is to assure universal coverage of the high quality comprehensive services that are essential to advance opportunity for health equity within and between countries. (Frenk et al., 2010, p. 3)

In order to realize this vision, transformative learning and interdependence in education will be required. Transformative learning is about developing leadership attributes for the purpose of producing enlightened change agents (Frenk et al., 2010).

There are consistent key messages contained in all of the documents and programs previously described. First, leadership is an essential competency for all nurses. Another example of this key message is the work of the American Nurses Association (ANA). In 2011, ANA introduced a program to profile all nurses as leaders, sponsoring a YouTube video contest for nurses. The winning video, submitted by a school nurse, was very powerful, profiling her leadership qualities in every aspect of her everyday work.

As the educational level increases, leadership competencies move from patient centered to groups of patients, communities, and systems. Second, nurses must develop leadership competencies that enable them to lead beyond nursing to all of health care. The transformation of health care will require interprofessional education and practice. Last, the community has expanded from local practice to a global environment. Leadership competencies are needed that enable nurses to become members of globally connected teams. Leadership competency is identified as a key competency for all nursing (and other health professions) practice; however, leadership is rarely defined.
DEFINITIONS OF LEADERSHIP

Here lies a man who attracted better people into his service than he was himself.
— ANDREW CARNEGIE

Leadership and management are not the same thing; however, many people use these terms interchangeably and researchers often confuse these concepts. Leadership theories from 1900 to 1970 centered on personal traits of leaders (great leaders are born that way), behaviors and skills (great leaders do these things), and organizational context (doing the right thing at the right time). None of these theories resulted in definitive or practically useful knowledge about leadership (Sashkin & Sashkin, 2003). James McGregor Burns, a historian, wrote in 1978 that “leadership is one of the most observed and least understood phenomena on earth” (Burns, 1978, p. 2). He developed a new paradigm of leadership called transformational leadership that contrasted with the previous theories that were characterized as transactional leadership. In transformational leadership, leaders transform followers into more capable self-directed leaders. On the basis of Kohlberg’s (1973) theory, Burns summarizes that “transforming leadership ultimately becomes moral in that it raises the level of human conduct and ethical aspirations of both leader and led, and thus it has a transforming effect on both” (Burns, 1978, p. 20). Many leadership experts distinguish transactional and transformational leaders by noting that transactional leaders base relationships with followers on a process of “barter,” whereas transformational leaders base the relationship on bonding (Sergiovanni, 2000). Sashkin and Sashkin (2003) synthesized the work of leadership scholars to identify eight key elements of leadership: communication, trust, caring, creating opportunities, self-confidence, empowerment of others, vision, and organizational content. Transformational leaders include members of organizations working together as partners to construct a new organizational culture that motivates, changes, and empowers people and organizations for the better. Effective leaders are caring, self-confident people who have and effectively communicate a vision to followers who plan together how to make the vision a reality by developing trust and empowering others and by creating
opportunities for change for the best throughout an organization. Burns defines leadership as

leaders inducing followers to act for certain goals that represent the values and motivations—the wants and needs, the aspirations and expectations—of both leaders and followers. . . . Leadership over human beings is exercised when persons with certain motives and purposes mobilize, in competition or conflict with others, institutional, political, psychological, and other resources so as to arouse, engage, and satisfy the motives of followers. (Burns, 1978, p. 18)

Tichy and Devanna (1986) identified seven attributes of transformational leaders. They (1) trust their own intuitions; (2) believe in people and attend to their needs; (3) identify and articulate their own core values; (4) are not afraid to take risks; (5) see themselves as change agents; (6) are flexible and open to new ideas; and (7) are disciplined, careful thinkers. Drucker (1995), the father of modern management, “knew” four “simple” things about effective leaders: (1) the only definition of a leader is someone who has followers; (2) an effective leader is not someone who is loved or admired. He or she is someone whose followers do the right thing; (3) leaders are highly visible and set examples; and (4) leadership is not titles, rank, privileges, or money. It is responsibility. Although leadership and management are related, they are not the same concept. Zaleznik (1981) wrote a classic article on the difference between managers and leaders, arguing that they differ in their personal characteristics and history; motivation; how they think and act; and their orientation toward goals, work relationships, and worldviews. Differences between leadership and management (Grossman & Valiga, 2009) are exaggerated for the purpose of illustration in Table 1.1.

A major point is that leadership is not necessarily linked to a position of authority. Using Burns’s definition of leadership, that leaders transform followers into leaders, each of us has the ability to provide leadership whoever we are. We have the potential, and responsibility, to provide leadership in our practice, organizations, community, and the world. Leadership can be learned.

Strong leadership is likely the single most important driver of overall organizational performance. . . . Nowhere is the need for effective leadership more pronounced than in the
dynamic, complex health care industry, where leaders face unprecedented pressure to transform their organizations so as to meet growing demands for high quality and effective care. In fact, to meet the ambitious expectations of health
reform (to reduce cost and simultaneously assure high quality) and to meet the goals laid out by the Institute of Medicine—that is to develop a safe, effective, patient-centered, timely, efficient, and equitable system—the industry needs to better prepare men and women to manage the complex organizations that provide and finance care. (National Center for Healthcare Leadership, 2010, p. 1)

The IOM Report; health care reform; and new educational competencies for baccalaureate, master’s, and doctoral students have provided nurses with the opportunity of a lifetime to lead the transformation of health care. Our leadership will be dependent on others’ perceptions of our ability to lead, their acceptance of being followers and team members, and our skill and ability to lead. It is our hope that having nonnurses share their thoughts about leadership and experiences with nurse leaders will help us take off our blinders. We can learn by example and apply the knowledge to become better leaders. The time for nurses to lead is now.

REFERENCES

1. Introduction


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