TRANSFORMATIONAL LEADERSHIP IN NURSING

From Expert Clinician to Influential Leader

Second Edition
Elaine Sorensen Marshall
Marion E. Broome
EDITORS

SPRINGER PUBLISHING COMPANY
TRANSFORMATIONAL LEADERSHIP IN NURSING
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Editors
To Margaret Zuccarini, for her continued support, trust, and patience.

To the authors who graciously contributed their expertise to the chapters of this work.

To John, my children, and my sweet grandchildren—for everything!

—Elaine Marshall

I would first like to thank Elaine Marshall for giving me this unique opportunity to work with her on the second edition of this book. It has been a wonderful experience. I would also like to thank the many mentors and mentees I have had throughout my career. I learned something unique about leadership from each of them—particularly about the “strength it takes.” As always, my deepest gratitude goes to my best cheerleader, my husband, Carroll, who has given of his time for me to complete this new adventure.

—Marion Broome
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FOREWORD

Welcome to an amazing journey! The preface of *Transformational Leadership in Nursing: From Expert Clinician to Influential Leader* references the very personal journey one encounters in the process of becoming a transformational leader. The truth of that description could not be more relevant than when encountering the challenges faced by nurse leaders who impact the health of individuals, families, communities, and nations. As nurses, we have the ability to pass a daily exam I call the “Head on the Pillow Test.” This is an evaluation we each face every night in those moments when our head first hits the pillow before we drift into sleep. In those moments, we evaluate our day and ask what we have accomplished in the past 24 hours that has made a meaningful difference. As nurses, regardless of our practice domain, we have the ability to pass that daily exam quite well. What is unique for nurses in leadership roles is the ability to reflect not only on our own impact, but also on the impact of those we lead. The ability to pass the pillow test by recognizing ways we have impacted others as a leader can ease us into rest. The crucial questions we ask ourselves during that daily self-examination often revolve around an assessment of aspects of the “who, what, why, how, and when” of leadership.

Who is a leader? All nurses are leaders. We are certainly viewed as leaders among professions for which trust is measured, according to a Gallup poll on honesty and ethics in professions. If you look at organizations in which nurses practice, you will see nurses leading in informal and formal ways. An organization in my community refers to their staff nurses as “bedside leaders” in recognition of the role of nurses as leaders, whether they do or do not have formal or line authority. I believe many, perhaps most, nurses are driven by a desire to make a meaningful difference. Given the vacuum of leadership in our country, nurses often become leaders whether or not they intend to do so. When asked to serve as a member of a hospital board of trustees, for example, a nurse might move into a different realm of leadership by becoming chair of the board. In that role, the nurse leader becomes a source of knowledge for other members of the board who do not have a background in health care. In this subtle way, nurses take on the informal role of *knowledge brokers* as part of this more formal leadership role.

What are the essential characteristics of leaders? This text about transformational leadership explores critical characteristics of leadership that are described
as the ability to inspire a vision from a foundation of ethical values, to encourage the ability to view problems in new ways, and to communicate a humility that values the mission of the organization above self. Of course, there are many personal and professional characteristics that are useful for nurses in leadership roles. One of my favorites is a trait I have come to call Sudoku thinking (Weeks, 2012). The term refers to the ability not only to predict the desired impact of a decision, but to predict the unintended consequences. An important aspect of this trait is knowing those you are leading well enough to understand their possible reactions to your decisions, which can help you make wiser choices.

Why would you want to be a leader? Many individuals tend to believe the purpose of leadership is to accomplish the work of an organization. While the identified work to be done in any organization is a needed outcome, true leadership accomplishes more than simply generating outcomes. True leadership transforms an organization so that it exists and functions in a different way. As a result, your desire to be a leader may not only be a desire to accomplish an identified set of goals and objectives. Additionally, you may desire to leave the organization you are leading in a better state. Leadership journeys also transform you as an individual. The character traits one acquires and hones during the course of being a leader serve to develop you both personally and professionally. Your own character will be deepened and refined throughout your leadership journey.

How should you lead? Many texts share the activities in which excellent leaders engage. Transformational Leadership in Nursing provides a new viewpoint and context for leadership activities. What I would add is a note of encouragement to you to take action as a leader. As nurses, we sometimes are hesitant to take bold action and may wait for others to give us cues or clues that the time is right to act. The many nurses who do not live up to a leadership challenge may lack courage and perhaps are fearful of being viewed in a negative light, of being viewed as pushy, or of being the recipient of adverse comments. Bold leadership requires courage—courage to keep moving forward regardless of fear. As nurse leaders, we must keep pushing forward boldly!

Another “how” of leadership is how to lead in a collaborative manner. Our world is complex and the needs we face will rarely be sufficiently addressed by one individual or even by an individual discipline. If we do not learn to function as collaborative leaders, and as leaders of collaboration, our value will be diminished. One of the more challenging aspects of collaboration may be that of collaborating with our competitors. Learning to function as both collaborating competitors and competing collaborators is essential to our effectiveness as leaders.

When should you lead? Nurses will inevitably find themselves in situations where they have an opportunity to lead, but how do we know when we should take on a leadership role or when we should empower someone else to lead? The best formula I have found to help me decide when to lead is this: need + passion + opportunity. As nurses, we tend to notice needs all around us: needs of individuals, families, groups, organizations, and communities. Pay attention
to needs that stir your passion, keep you awake at night, catch not only your mind, but also your heart. Looking for open doors providing opportunity will guide you in making wise decisions on where to invest time, abilities, and resources. When this coalescence of need + passion + opportunity occurs, you have found an experience that will create meaning, add value, and give you the ability to navigate the previously described pillow test.

These reflections on the who, what, why, how, and when of leadership may have raised some additional questions in your mind, such as:

- Who, or what organizations, will value my leadership?
- What skills should I acquire to be an effective leader?
- How can I prepare myself to be a leader?
- When should I exert my leadership through a formal leadership role?
- Where, or in what venues, can I best succeed as a leader?

I have good news to share. The second edition of Transformational Leadership in Nursing will help you explore and answer each of those questions, and more! The chapters on complexity will help you understand the “where,” or the settings, where your leadership is most needed. The chapters on strategic planning will help you understand “when” to exert your leadership. The chapters on budgeting will provide essential “how” skills for leadership. I could go chapter by chapter to connect the contents of this book to needs of both established and emerging leaders. Rather than provide that litany, let me simply say that this text will prepare you for the challenging, yet rewarding, role of serving as a nurse leader. The contents of this text are congruent with my own observations as a nurse leader. As a result of your choice to be a nurse leader, you will find yourself enriched. Absorbing the insights offered in this text will allow you to answer each of the questions I have posed, as well as pass the nightly pillow test, in a way that will leave you more fulfilled. Will you choose to demonstrate courageous leadership? I hope so!

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PREFACE

The most important change to this second edition is the welcome addition of coauthor Marion E. Broome, PhD, RN. In a time of my own overwhelming personal challenge, Dr. Broome accepted an enormous responsibility to help create this edition. She has played a most significant role in the revision and refreshing of the book. She is highly respected and brings a lifetime of experience and expertise to this work on leadership. Her fine contributions will be recognized throughout the work.

This book is for leaders of the future. It speaks to clinicians who are expert in patient care and are now on a path toward leadership. It is offered as a resource as you embark on your own journey toward transformational leadership. You are needed to lead in the setting where you practice: from solo practice clinic to the most complex system, from an isolated rural community to an urban health sciences center. If you are reading this book, you are likely already prepared for clinical practice. You may be an expert in patient care, or work as a manager in administration, or you teach clinical nursing. Your challenge now is to enhance your skills and stature to become an influential leader. If that “becoming” is not a transforming experience, it will not be enough to prepare you to lead in a future of enormous challenges. The future of health care in the United States and throughout the world requires leaders who are transformational in the best and broadest sense. It requires a thoughtful, robust sense of self as a leader. It requires an intellectual, practical, and spiritual commitment to improve clinical practice and lead others toward their own transformation. It requires courage, knowledge, and a foundation in clinical practice. It requires an interdisciplinary fluency and ability to listen, understand, and influence others across a variety of disciplines. It requires vision and creativity.

Many who use this book are students in programs of study for a clinical practice doctorate. The book specifically references the Essentials of Doctoral Education for Advanced Nursing Practice (known as DNP Essentials, American Association of Colleges of Nursing [AACN], 2006). A decade ago, the doctor of nursing practice (DNP) emerged as the credential for leaders in clinical practice. The DNP Essentials and the position statement on the DNP of the AACN (2004) call for a “transformational change in the education required for professional nurses who will practice at the most advanced level of nursing” (AACN, 2006, p. 4) and “enhanced leadership skills to strengthen practice and health
care delivery” (AACN, 2006, p. 5). Such transformational leaders focus not only on settings of direct patient care, but also on health care for entire communities.

This work is neither a comprehensive encyclopedia for health care leadership nor a traditional text in nursing management. Rather, its purpose is to identify some key issues related to leadership development and contexts for transformational leaders in health care. The book is meant to introduce you, as a clinical expert, to important issues in your own aspirations toward becoming a leader. It is offered as a text and supplement to your own study of the literature, experts, and important experiences in the transition to leadership. It is meant to accompany and guide you to more focused current literature and experts on a variety of issues that health care leaders face. It is an aid to launch or guide you on your own journey to become a leader.

You will read about transformational leadership, which needs some clarification. Although there are some formal theories and definitions of transformational leadership, this work refers to the concept in its best and broadest sense without adhering only to a specific theoretical perspective. This book is heavily referenced not only to provide citation, but also to lead you to a vast range of literature.

In this second edition, we have made some changes to update the messages for present-day and future readers. Since the previous edition, the Affordable Care Act has been enacted in the United States, and other developed countries of the world have continued to provide universal health care. Because a global view of health care is essential to today’s leader, global perspectives have been added throughout the book. The focus on the context of complex health care organizations has been sharpened, with attention given to current legislation and concepts such as the triple aims to increase access, decrease costs, and improve quality; seamless care delivery; and competencies of the American Organization of Nurse Executives. There is also increased attention to national patient safety benchmarks, issues in health disparities, workforce issues, and patient and consumer satisfaction. We have invited experts to contribute on important issues of interprofessional collaboration, creating and shaping diverse environments for care, health care economics, and other significant areas of leadership development. Qualified instructors may obtain access to ancillary PowerPoints by e-mailing textbook@springerpub.com.

The messages of this book are to be taken personally. If your journey toward transformational leadership is not a deeply personal one, then you will not be the leader you must be or the leader for which the future pleads. Throughout the book, you will find occasional personal stories and opportunities for your own personal reflection.

Elaine Sorensen Marshall

REFERENCES

CHAPTER 7

Becoming a Leader: It’s All About You

Marion E. Broome and Elaine Sorensen Marshall

Through imagination we can envision the worlds within us.
—Stephen Covey

OBJECTIVES

- To identify the typical career journey of leaders in nursing
- To describe and use self-assessment tools to build leadership capacity
- To describe the challenges, such as fear and failure, that leaders may face, and identify strategies to manage them
- To apply the importance of caring for self, mindfulness techniques, and spirituality in a leader’s journey
- To learn how to cultivate peer networks and consider career coaches to develop skills
- To describe key elements to enhance influence
- To explore a sense of spiritual self in leadership

Few successful leaders began their careers thinking they would one day make a major impact in their profession. Most, on reflection, simply say they took advantage of opportunities as they came along, worked hard, and enjoyed what they were doing at the time. Yet they will also share that somewhere, someone believed in them and saw things in them that they often did not see in themselves. Emerging leaders are often heard to share that they were “just lucky,” or “in the right place at the right time.” Although there may be some truth in these statements, many people are in the right place at the right time to take advantage of an opportunity but do not. In this book, we have explored what transformational leadership is and what a transformational leader does. In this chapter we focus on how the transformational leader develops, how selected tools can be useful in developing leadership strengths and competencies, and the challenges
any leader faces. We also discuss critically important ways a leader can sustain hope and optimism during her career (McBride, 2011).

CAREER JOURNEY OF NURSE LEADERS

Most nurses do not, as they begin their careers, intend to become a leader. Rather they talk about wanting to be good at what they do, learning how to apply the knowledge and skills they learned in their first nursing program to become an expert—usually in direct care for patients. As they return for advanced degrees they specialize in areas of practice, such as caring for patients with cardiovascular problems, informatics, nursing administration, and so on. Even at that point many rarely own the notion that, as a result of obtaining further education, they now are indeed leaders in the profession. Hence, there is often a discrepancy in how their patients, students, clients, and other system leaders view them and how they view themselves. The reality is that leaders in a field do not always hold a formal position, but others may look to them for direction, a way forward, and problem solving (Stanley et al., 2011). It is important that nurses think reflectively about their career, their own skills, strengths and weaknesses, and potential for leadership.

HAVING INFLUENCE

“Influence is more important than authority” (Sullivan, 2004, p. 3). Being influential is a characteristic that leaders must work to develop. Influence requires high levels of credibility, strong interpersonal skills, and a genuine interest in others. Making the decision to become influential is the first and most important criterion required to actually have influence. You must first decide to have influence.

Securing a New Position

Once you decide that you want to make a difference, that you want to have influence as a leader in health care, you may decide that it is time to aspire to the next step in an official leadership position. When that decision is made, the first step in gaining influence is “to assess the way you present yourself” (Sullivan, 2004, p. 8). Never underestimate the power of the image you portray to enhance your influence and success, especially in a first impression. Image will not sustain leadership effectiveness in the absence of other substantive knowledge and skills, but it can open or close doors, support or undermine whether you are taken seriously, and amplify or diminish the energy you must bring to exert and sustain your personal position of influence or leadership.

Career coaches Martin and Bloom (2003) outlined principles to avoid derailment and to facilitate success at the outset of your career in leadership. Personal presentation tops the list. Whether you like it or not, people evaluate your abilities
within 8 to 30 seconds of the first meeting (Martin & Bloom, 2003). First impressions are important. People expect to see an open, interesting, positive, and hardworking general attitude. Walk tall, smile generously, make eye contact, and give a firm handshake. Dress appropriately. The old adage to dress for the position to which you aspire instead of the one you currently hold is true. When interviewing, and even after you secure the position, set the standard for dress and appearance. To be well groomed, neat, and clean goes without saying. For interviews, standards for men include neutral colors of navy, gray, and black jacket; conservative shirt color; and an interesting but not flamboyant tie. Women generally still find people less forgiving about informal attire upon presentation than men.

Attention to detail is critical. Avoid anything that calls attention away from you as a leader and instead directs eyes and comments toward your appearance. That means to avoid too many accessories, strange hair colors, bright nail polish, too-short skirts, or clunky shoes. Martin and Bloom (2003) shared their own experience, noting that they have rarely observed women candidates ascend to the highest levels of executive positions who wore pantsuits to first interviews, but be assured that you must be true to yourself and to your own style. Make sure the fit is right for you. Nevertheless, at the same time, part of your skill as a leader is sensitivity to the culture where you aspire to a position of leadership.

Many interviewees make the mistake of thinking that trendy, expensive attire is crucial. Others believe that women must dress conservatively in order to make an impression. Neither statement is true. Instead, be honest with yourself and look at the clothing you do have. What styles flatter your physique, what colors make you look bright and comfortable with yourself? Ask friends for their advice if you are not comfortable with your own assessment. You do not want your attire to detract from your presence; rather, you want to use it to help others take you seriously as a professional.

A second critical aspect of the interview is to be prepared. Know the job for which you are applying and the system in which it “sits”—the vision, mission, and expectations. As you prepare for the interview, look at each item on the job description and jot down notes about experiences you have had that related to the competency or skill. Recall examples of times when you used that skill in a previous job. Invariably you will be asked to share a story that illustrates a situation in which you were effective in achieving a goal and one in which you failed to achieve your objective. Be prepared to talk about what you might do differently the next time. Be prepared with some ideas about what your ideal job would be, and what supports you would need to be successful. Ask good questions of your interviewer, such as:

- How will I know I am successful after 6 months—what do you expect me to accomplish?
- How do you want me to keep you informed, and about what kinds of issues?
- I read about the new clinic the service. What are some areas of intersection that I (as the new manager of a related unit) would need to think about?
Interviewers are asked to evaluate several individuals for each job. Give them something to remember you by thorough illustrative examples of how you think and what your experiences have been to meet the specific needs of the organization.

Making the Difference

Once you secure the job, it is important to learn and practice some basic principles of influence to make the difference. The same team well known for creating Crucial Conversations (Patterson, Grenny, McMillan, & Switzler, 2002) have created an entire enterprise focused on leadership development directed toward positive influence (Grenny, Patterson, Maxfield, McMillan, & Switzler, 2013; Switzler, 2016; VitalSmarts, 2016). Here we will explore some of their fundamental ideas. One of their principles is to “change the way you change minds” (see Switzler, 2016). As a leader, you must decide for yourself and be willing to help others believe that a change of outlook, action, or behavior can be done and will be worth the effort. Grenny et al. (2013) and Switzler (2016) suggested creating personal experiences and sharing stories rather than just trying to persuade. In other words, help others to experience the change. Use field trips to other organizations where the values or environments you want to emulate exist. Develop friendships with colleagues at these organizations and secure invitations to send your staff to observe workers at these sites. This requires visibility with those you are trying to influence.

A second principle is to “find vital behaviors” (Grenny et al., 2013, pp. 35–64), meaning to identify what specific, essential actions are most necessary to lead to change toward the desired outcome. Identification of the actions needed must be informed by evidence of what works to make the difference. Especially in health care, we are sometimes lured by current trends in thinking and practice. Instead of sticking to the usual modes, the influential leader studies the evidence inside and out of the usual practices to discover what really works. The leader must also present the evidence to others in such a way that they understand it and can be persuaded.

A third principle is to “make the undesirable desirable” or “help them love what they hate” (Grenny et al., 2013, pp. 77–112). Sometimes, basic requirements to get the job done are “noxious, painful, boring, or simply less desirable than other tasks.” Find ways to make such tasks palatable. Perhaps, that means changing the task itself, reframing it, or seeing that it is clearly tied to some reward or desirable outcome. In any case, such tasks need to be faced head-on and accomplished.

Another idea is to “surpass your limits” or “help them do what they can’t” (Grenny et al., 2013, pp. 113–144). Do what it takes and help others to exceed expectations. This usually means acquiring superior abilities by practice. In the bestselling book Outliers: The Story of Success, Gladwell (2008) explained the “ten-thousand-hour rule”—that behind every great achiever is 10,000 hours devoted to practice, practice, and practice. You cannot expect to surpass your limits without committed practice to your art and skill. This holds true for others, too.
As a leader, you set the example and use your influence to encourage others to devote the time and energy needed to be the best. This will require getting to know others, which implies presence and visibility with those you lead.

The idea to “harness peer pressure . . . or the power of social influence” (Grenny et al., 2013, pp. 145–184) is a basic principle of making things work. To influence others, help them influence each other. Identify respected opinion leaders within your organization. Invite them as mentors or peers and involve them in change processes. Plant seeds of ideas among working groups, during informal gatherings, and in hall conversations, then let them grow. From such actions, you can create strength and support from the very people who can make things happen. Meanwhile, support yourself with positive peers who share your goals. Avoid or reduce the effects of potentially toxic individuals and find ways to mutually support people who nurture each other and the values of the organization.

Beyond the social environment, many leaders fail to extend sufficient attention to the actual physical environment where people spend most of their day working. Look at the physical, social, and intellectual environment with new eyes (Grenny et al., 2013, pp. 247–286): What needs to happen to influence others for success?

Meanwhile, reward early successes, punish only when necessary, and do not rely on incentives as the first line of motivation (Grenny et al., 2013, pp. 217–246). Reward positive, innovative, and healthy behaviors. Measure progress and reward success. Ensure that rewards are meaningful to the individual. A meaningful reward may not always be money, but perhaps time, flexible work hours, or just a show of genuine appreciation. The reward needs to meet the perspective of the recipient more than the giver. One person may love a framed “award” at the next public meeting, while another may prefer a 4-hour holiday away.

What needs to happen to influence others for success? Encourage honesty and candid feedback; give clear signals; manage fairness in worker input, being sure to include those most distant; and continually review processes. Attend to the environment, and join your workers in practice of pursuits to exceed expectations.

**SELF-ASSESSMENT FOR GROWTH**

Successful influence is always a product of continuing self-assessment. There are various approaches in such assessment. The support of another, more seasoned, leader can help. Despite the strong emphasis in nursing on the need for mentors during one’s career, relatively few nurses can identify such individuals in their workplaces. Many claim that mentors are scarce, despite the demographics, which would suggest there are many seasoned nurses who might help others negotiate career challenges and advancement. In our experience, nurses often find it difficult to ask for help, and engaging with a mentor can appear to be doing just that (Broome & Gilbert, 2014a). In contrast, some nurses think they do not need help and can master any knowledge or competencies required, preferring to ask for help if they need it. Either of these stances is likely to shortchange
the individual and preclude him or her from developing into a strong, influential leader who can make a difference in the lives of others. All of us who are labeled as strong leaders can, in fact, identify mentors and colleagues who helped us see things we could not see—about both ourselves and our situations. Sometimes those mentors chose us and sometimes we sought them out for their guidance and help. In each case we were willing to share, listen, and reflect.

Many of us also took formal courses or short-term intensive workshops that provided self-learning opportunities and often a project to work on to hone our skills as leaders (see Table 7.1 for a few examples). What does one learn and do in these courses? As much as one chooses. Most of these courses provide content about leadership frameworks, communication, vision setting, goal setting, leading teams, and so on. Most also ask participants to engage in some form of self-assessment using structured tools that provide the individual with information about leadership strengths and areas for improvement. Two of the most common and valuable components of these opportunities are small group work and a leadership project.

Small Group Work

Small group work, as a component of leadership training, involves three to five individuals assigned as a group to work as a unit throughout the experience. This setup allows the individuals to get to know each person’s professional challenges, aspirations, and the skills he or she seeks or needs to develop. The value of this group is the shared space in which trust can grow and in which participants can

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<tr>
<th>LEADERSHIP DEVELOPMENT OPPORTUNITY</th>
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<tr>
<td>Sigma Theta Tau International</td>
<td>Maternal–Child Health Academy; Maternal–Child Health Africa; Geriatric Nursing Leadership; Nurse Faculty Leadership; Board Leadership Institute</td>
<td>Most of these are a 12- to 18-month commitment with some face-to-face intensive training, use a mentor–mentee model, use expert faculty leaders, and involve a project. Costs are defrayed for several by grants but range from $0 to $500 for participation fee and travel to intensives (usually 2) and to the convention, to present.</td>
<td><a href="http://www.nursingsociety.org">www.nursingsociety.org</a></td>
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### TABLE 7.1 Examples Of Selected Leadership Training Opportunities (continued)

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<td><strong>Center for Creative Leadership</strong></td>
<td>Offers five core programs, including Leadership at the Peak, Leading for Organizational Impact, and Leadership Development Program; and six specialized programs, including Navigating Change, and Women’s Leadership Experience</td>
<td>These 2- to 5-day programs are offered throughout the year, require assessment prework, focused goal setting, etc. Tuition covers most meals and instruction, preassessment, and several post-coaching sessions. You are responsible for travel and lodging. Tuition costs are listed on the website and range from $2,500 to $7,500.</td>
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<tr>
<td><strong>Amy V. Cockcroft Leadership Development Program</strong></td>
<td>University-based year-long program with on-site intensives (in Columbia, SC) offered five times each year, supplemented with a leadership project.</td>
<td>Focus is on learning how to be an innovative health care leader and nurse leader from practice, education, and policy work with participants in the workshops. Costs include transportation and minimal registration fee.</td>
<td><a href="http://www.sc.edu/">www.sc.edu/</a> (see Center for Nursing Leadership)</td>
</tr>
</tbody>
</table>
| **National League for Nursing** | Three programs housed in the Center for Transformational Leadership:  
   • Leadership Development Program for Simulation Educators  
   • Executive Leadership in Nursing Education and Practice Program (for those with 5 years of experience in a leadership position)  
   • LEAD (for those who have experienced a rapid transition into a leadership role) | Includes face-to-face meetings, conference calls, webinars, and forum discussions throughout the 1-year programs. Cost ranges from $3,000 to $3,500. | www.nln.org/ (see professional development programs) |

(continued)
TABLE 7.1 Examples of Selected Leadership Training Opportunities (continued)

<table>
<thead>
<tr>
<th>LEADERSHIP DEVELOPMENT OPPORTUNITY</th>
<th>DESCRIPTION OF COURSE</th>
<th>TIME FRAME AND COST</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association of Nurse Executives</td>
<td>Various leadership development courses, including: • “Early Careerist,” such as the Emerging Nurse Leader Institute • “Mid-Careerist,” such as the Nurse Director Fellowship • “Executive,” such as the Health Care Finance (workshop) and Harvard Business School course</td>
<td>Offerings range from 3-day short courses for $900 (e.g., Emerging Leader Institute) to year-long fellowships for $7,000 (e.g., Nurse Manager Fellowship) to $24,000 for the Harvard-based 1-year program for nurse executives.</td>
<td><a href="http://www.aone.org/education">www.aone.org/education</a></td>
</tr>
</tbody>
</table>

relate their challenges and respond to each other’s questions, which often clarify an individual’s thinking enormously. Feedback, engagement, and support from peers outside one’s work environment offers a special, valuable viewpoint.

Leadership Project

Many think the purpose of the leadership project is to finish the work as a reflection of leadership skill. In fact, it is not the outcome that is most important, but rather the process and learning that occurs as the project journey unfolds. Leadership is about learning from one’s missteps as well as successes. Any project is complicated and involves other people. It is inevitable that there will be lessons to be learned. If emerging leaders are open to examining themselves and their actions, growth is also inevitable. Such projects most often show participants how to set a vision, how to encourage others when they encounter obstacles, and how to coach others toward achieving success. Of course, not every project proceeds down a rosy path, and neither does the leadership journey.

DEVELOPING SELECTED AREAS OF LEADERSHIP SKILL

Not all leadership skills are required in every position; nor is every competency a good fit with each individual aspiring to be a leader. For instance, leaders at the top of the organization who are held accountable for the vision and
implementation of longer range goals must have the ability to think strategically and, as we have discussed in other chapters, engage others in their organization. Hughes and Beatty (2005) described strategic thinking as requiring the ability to synthesize as well as analyze, nonlinear as well as linear thinking, visual as well as verbal skills, implicit and explicit expression, and that which engages the heart as well as the mind. Synthesis and analysis are different abilities, and some individuals are much better at one than the other; only a few are capable of both. All kinds of leaders are needed in an organization—the important thing is that you figure out what you are best at doing as well as what you enjoy!

Self-assessment of one’s own strengths and areas less developed can be useful to both the emerging, developing leader and the seasoned leader as each continues his or her journey. Most professional leadership workshops and experiences do, in fact, include this as a part of their development curriculum. Courses use different assessment tools, but each tool will have some things in common. You will be asked questions about how you respond to different aspects of professional life in a variety of areas, such as how you:

- React to and manage change
- Communicate with your peers, your boss, and your subordinates
- Receive negative feedback
- Provide others with feedback
- Deal with conflict

There are hundreds of tools available for self-assessment. These tools take some time to complete, and there are no right or wrong answers. Some require a written manual to score, others provide you with immediate feedback. Yet others are more complicated and require a coach to explain the results. The advantage of programs that provide a coach is that he or she can help you focus on the positive feedback, without focusing on weaknesses. In addition, a coach can discuss with you how to approach working on some of the areas you are interested in strengthening, or those areas of most interest to your supervisor. Table 7.2 contains selected examples of leadership assessment tools. Several of these are associated with leadership theories discussed in earlier chapters.

<table>
<thead>
<tr>
<th>LEADERSHIP ASSESSMENT TOOL</th>
<th>CONCEPTUAL COMPONENTS (SUBSCALES)</th>
<th>ITEMS</th>
<th>REFERENCES</th>
</tr>
</thead>
</table>
| Leadership practices inventory (Kouzes & Posner, 2007) | Model the way Inspire a vision Challenge the process Enable others to act Encourage the heart | 30 items 5 subscales 10-point response format | www.leadershipchallenge.com | (continued)
TABLE 7.2. Selected Examples of Leadership Assessment Tools (continued)

<table>
<thead>
<tr>
<th>LEADERSHIP ASSESSMENT TOOL</th>
<th>CONCEPTUAL COMPONENTS (SUBSCALES)</th>
<th>ITEMS</th>
<th>REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multifactor leadership questionnaire (MLQ-Form 5x) (Bass &amp; Avolio, 2004)</td>
<td>Idealized influence, Inspirational motivation, Intellectual stimulation, Individual consideration, Contingent reward, Active and passive management, Laissez-faire</td>
<td>45 items, 3 factors (Transformational, transactional, avoidant–passive)</td>
<td><a href="http://www.mindgarden.com">www.mindgarden.com</a></td>
</tr>
<tr>
<td>Clinical leadership competency framework; self-assessment tool (National Health Service, 2012)</td>
<td>Demonstrating personal qualities, Working with others, Managing services, Improving services, Setting direction</td>
<td></td>
<td><a href="http://www.leadershipacademy.nhs.uk">www.leadershipacademy.nhs.uk</a></td>
</tr>
<tr>
<td>StrengthsFinder 2.0 (Rath, 2007)</td>
<td>34 themes and ideas for action, including relator, ideation, futuristic, etc. Based on one’s core, which is calculated online. An individual report is produced, providing a description of your top five strengths and specific suggestions for how to maximize your strengths and minimize any weaknesses</td>
<td>Assessment tool accessed by a code found at the end of Rath’s book (2007) Assessment takes about 30 minutes</td>
<td><a href="http://sf2.strengthsfinder.com/research">http://sf2.strengthsfinder.com/research</a></td>
</tr>
</tbody>
</table>

Reprinted with permission from Broome and Gilbert (2014b).

REFLECTION QUESTIONS

1. What kind of self-assessment of your own leadership skills have you engaged in?
2. How helpful was the feedback you received?
3. How did you use the insights you gained after completing the surveys to expand or strengthen the skills you needed?
4. What surprised you the most about what you learned?
CHALLENGES FOR LEADERS

Thus far we have been focusing on leadership strengths and how to develop yourself. Leadership is a journey; one filled with both opportunity and disappointment. Just as every leader must assess personal strengths, he or she must also reflect on abilities to deal with the inevitable challenges and failures that arise on the journey.

An important part of influence in health care is sharing your wisdom and experience with others who can learn from your successes and failures. So, do not forget what you have learned about clinical scholarship. It is your obligation as a leader to contribute to the discipline. That means presenting, writing, and publishing. In order for academic publications in health care to have meaning or application, they must be grounded in clinical practice and actual leadership experience. That is precisely why clinical scholarship is such an important part of your stewardship as a leader.

Take time to reflect on your practice and your leadership. Watch for influential things you are doing that might make a difference for someone else in a similar situation. Make friends with someone in an academic setting and work together to share your work with the discipline. This is part of your responsibility as a leader. Provide opportunities for your staff to become involved in research or demonstration projects in meaningful ways, and be sure that their contribution is noted appropriately. You are part of something greater than your organization; help your staff to see that, too. The world needs your influence, and you will be amazed at your ability to make a difference.

Professional activities that will enable you to share your experiences and mentor other emerging leaders are an important aspect of leadership. Your contributions to membership and participation on agency boards, editorial boards, governing boards of professional associations, and boards of nonprofit groups will all benefit such organizations. You, in turn, will learn a great deal and be able to bring that knowledge to your own organization.

One of the most difficult tasks of any leader who is involved at broader levels is how to bring back the knowledge one gains at those other “tables” working with other leaders. The challenge is to communicate the cues and insights and impressions one garners and frame them in ways others can hear. Of course, not all that you learn from such activities may have direct application to your own work, but your experiences can shape the way you think as a leader and how you influence goals and activities within your own organization. Broome finds it especially useful to develop written communication for others to read, reflect within groups, and then discuss as food for thought within her own organization, especially among peers inclined to support innovation.

DEALING WITH FEAR AND FAILURE

Fear and failure are terms not usually found in the table of contents of a leadership text. To teach leadership is usually to motivate, to paint the best and
most hopeful picture, to instill fearlessness, and to draw on the assumption that you will not fail. But as expert clinicians today, leaders and managers who exhibit characteristics of transformational leadership hold more central positions in organizational networks of influence, and their direct reports are more influential in informal organizational networks (Bono & Anderson, 2005). In other words, transformational leaders tend to expand their influence and the influence of those whom they lead. As you make your own transformation from expert clinician to transformational leader, you enter a world of expectations. The world needs your expertise and preparation to improve health care, and facing fears in this context can be helpful.

Among the risks of breaking open the doors to find your own place as a transformational leader is discouragement when the cold water of reality splashes back in your face. Marshall (2011) called it the “Moses-off-the-mountain syndrome.” You advance in education, you attend the workshop, you “go to the mountain” in your own pursuit of learning and reflection. You become singularly informed, educated, and impassioned. Then you unveil your latest inspired creation of ideas, and no one gets on board. It does not work. Review, regroup, and try again.

Leading can be lonely, but you have the capacity to continue toward your vision. Feed those who understand where you are going. Some days, you simply need to solve a problem. Or, you just need smart, quick action, and results. Other times, you need to spread innovations and new ways of thinking and acting.

Know this for certain: No leader who has accomplished anything has not had periods of fear or some major failure. Wheatley (2009, p. 81) assured that a “wild ride between hope and fear is unavoidable. Fear is the necessary consequence of feeling hopeful again.” Hope and fear are born in the heart together. Wheatley continued, “Hope never enters a room without fear at its side. If I hope to accomplish something, I’m also afraid I’ll fail. You can’t have one without the other.” Likewise, to be fearful is to hope that you will not fail. Wheatley (2009, p. 81) further admonished to replace fear and hope with the willingness to be insecure, to be vulnerable, to exchange “certainty for curiosity, fear for generosity.” Be willing to treat plans and innovations as “experiments,” to become less engaged in hope and fear and more willing to be engaged in discovery. Wheatley (p. 82) reminded that if we would remember that “we are hope, it becomes much easier to stop being blinded or seduced by hopeful prospects.”

Every leader has met moments of failure. Do not ever think otherwise. Marshall remembers:

When I could feel the ground sink beneath my feet. In my own experience of a perceived failure, I confessed to a friend and colleague that I could recall the very moment my core confidence cracked. It was a breathless, life-changing jolt for me to believe I had failed. My friend responded simply, “We all have cracks in our core confidence.” She was right. I had lived a professional
7: BECOMING A LEADER: IT’S ALL ABOUT YOU

life of one success upon another. I now know that every leader who has risked a better way has some healing wounds inside.” (Marshall, 2011, p. 173)

The key is to learn from those failures and to find some oasis of strength and hope as you review the experience with another that you trust. And it is important to remember that although you may have played a role in the failure, it is highly likely that others around you also played a part. Just as success in never a solitary accomplishment, neither is a failure.

As you mature as a leader, you will find other leaders willing to share their own episodes of fear or failure. No truly successful leader has not known some defeat. It is often our best teacher. Do not allow fear or failure to rob you of curiosity and the willingness to risk. Instead find the lessons from which you can learn and grow.

SUSTAINING SELF AS LEADER

Caring for Self

Leadership is a lifelong pursuit. You have to care for yourself as you care for others. The first rule of servant leadership is self-mastery, and the first rule to have authentic or credible influence on the lives of others is to attend to one’s own sense of being. The idea of work–life balance is a myth, so the priority must be on balancing energy. Manage personal resources to find what restores you and put some part of that restoration into each day (Barsh, Cranston, & Craske, 2008). Positions of leadership are often described as lonely. In a position of leadership, you have few lateral peers with whom you can exchange ideas and concerns on a daily basis. You are required to make difficult decisions that are sometimes unpalatable to others. You must keep confidences that should you disclose might explain and defend your actions and positions that may be misunderstood by some. Others may speak pejoratively about you, but you are restrained from saying anything about others. You generously announce the
accomplishments of others but may not even mention your own latest award. These factors and others can create a sometimes lonely existence. It is therefore important to seek out confidantes and colleagues in similar positions with whom you can share and reflect.

Kibort (2005, p. 54) warned, “Get used to no thank-yous.” It is an old adage that as a leader, if you are doing what you should, someone will be unhappy. In fact, the sooner you recognize this, the better you will adjust emotionally. No matter what you do, how hard you work, or how many people you communicate with, a few people will not be happy with what the organization or unit is doing and where you are going. You cannot possibly keep everyone happy, nor is that your job. An individual’s satisfaction and happiness at work depend on many things—what is happening in the workplace and what is happening at home, how long he or she has been in the same job, temperament, and responses to change, among others.

Marshall recounted one example that occurred after she had worked for a year to develop a plan providing significant resources for some of her workers to acquire advanced education. She imagined that it would be among the greatest gifts in their lives. When it became a reality, she was amazed at the paucity of thanks—and treasured the few expressions that came. Broome had a similar experience when she strongly encouraged, and provided resources for, faculty to return for a doctorate. But in both cases, we were able to watch our workers blossom as leaders as they journeyed through their new educational programs and enjoyed the fruits of their opportunities. As a leader, you will work behind the scenes to advance the interests and careers of people who may well hold you in least regard, who may be unaware of their benefactor, but you will find fulfillment in your generative role as a leader. Here is a life lesson we have both learned: Much of the satisfaction from your accomplishments as a leader must come from a maturity that you may not even know you possess. It comes from within your vision and authentic caring for what you do and the people you serve. As you care for others, you must also find a way to care for yourself that preserves your own energy and facilitates positive influence on others.

Managing Stress. The physical and emotional effects of stress are well-known. If only knowledge about stress and self-awareness of how we feel when stressed were required to ameliorate its effects, we would all be in a continual state of serenity. Thus, you do not need to “know” more about stress. You know your own stressors and their effects. You know what they are in your own life: knot-in-the-stomach anxiety, overeating, overworking, or whatever it is for you.

But what do you do to reduce the effects of stress in your life? What works for you? Cryer, McCraty, and Childre (2003) proposed five steps for leaders to reduce the negative effects of stress:

1. Recognize and disengage, meaning to recognize the stomach knot and impose on yourself a “time out.” Isolate and put aside the source of stress for a moment as if you are moving on to the next e-mail message. In an instant, switch mental gears.
2. Breathe through your heart. After recognizing and suspending the source of stress, shift your attention and focus like a laser to a familiar symbol, such as a specific part of your body. For example, consciously focus on your own heart, physically and emotionally, and breathe deeply.

3. Invoke a positive feeling. Turn your mind to an image in your life that only brings joy: the laughter of your child, “the smell of pine,” new snow—whatever it is for you.

4. Ask yourself, “Is there a better alternative?” Take an objective view of the problem and consider another possible way to address it.

5. Note the change in perspective. Take the time to notice what it feels like now. Is your head clearer? Are you more generous? Are you willing to try it again?

In one recent study, Pipe et al. (2012) used techniques similar to those just described as part of an educational intervention with oncology staff and leaders and found they effectively promoted personal coping and enhanced well-being. The techniques can work for you.

**Stress and Energy.** By your own achievements, you have shown yourself to have energy and positive ambition. You have the energy to get things done, and you may actually derive energy from stress. One warning for the transformational leader is that “paradoxically, the energy that gets people going can also cause them to give up” (Gonzalez, 2016). One of the most attractive and effective characteristics of transformational leaders is their energy and enthusiasm, but if not tempered in reality and sensitivity, these can wear out the followers in an organization.

That dark side of highly energetic transformational leadership can ambush even the best leader or organization. If the leader does not tend to the care of self and others, or to the details of reality, boundless enthusiasm can wear down even the most devoted followers or staff. It is especially helpful for leaders to surround themselves with reality checkers, confidants, and transactional managers who can send a strong message when the leader may be marching so far ahead of the followers that he or she loses them. Part of caring for yourself as a leader is to be sure you have some colleagues and support staff who care about you, who can protect both the organization and you against yourself when you or the organization, or both, need it. Also, remember that transformational leaders see the big picture. Thus, every organization also needs someone to follow the details, add up the figures, and count the beans.

Truly invested leadership takes all the energy of your being, all the time. You are always in charge and carry the burden of being the responsible one all the time. This can soon become physically and emotionally exhausting and depersonalizing. Moreover, you run the risk of forgetting who you are and where you and your organization are going. This exhaustion is rightly called *burnout*, because your sense of self is burned away and used up in an effort to
be everything to everyone. Only by finding and sustaining a spiritual center can you reclaim yourself.

Identify which people, situations, or activities are toxic to your personal, emotional, social, and professional health and avoid them wherever possible. When you cannot avoid these folks, reframe an image and acquire a persona that allows you to be sensitive, but does not allow you to resent others in the organization. Keep in mind that you are being paid to do a job as the leader of a group, but that job does not include keeping everyone happy. Counter the stress and toxicity by exploring activities to relax, refresh, and restore you and your spiritual center. Then find ways to integrate those activities into your life on a regular basis. Is it a hobby? Is it beautiful music? Do you need to go fishing, skiing, or shopping? Take a nap or do yoga? Find time that is yours and hold it inviolate. If you travel professionally, invest in an extra personal day to go to a concert, a museum, an art gallery, or a ballgame. Find ways to see the personal joy in your work. Invite beauty, energy, and love, and they will be returned to you.

Use of Peer Networks and Career Coaches

Sometimes a leader simply wants to “do it myself,” to get things done, but this usually does not work. Leaders must reach out to others when they would often like to just sit in a meeting and reflect. Or, they must bring people together to address something in which none of the parties is interested, but that is important to the organization. A leader usually has to find time to develop and sustain relationships both within and outside of the organization. Leaders who are embedded in their community and have lived there for years can turn to other leaders they know in other fields to seek advice when challenges and stress mount. At the very least they can bounce ideas off these peers and engage with them in activities designed to distract and relax.

Engaging a professional coach is an increasingly common method used now to help leaders new to a role develop their leadership, discuss options for action before they make a decision, and learn more about themselves. Authentic leaders (Broome, 2015; Laschinger, Wong, & Grau, 2013) are grounded in self-awareness, which is developed through self-reflection and feedback from others. In turn, they use this self-awareness to help mentor others in their careers. Coaches are helpful in this respect as they are almost always external to the organization, have no vested interests except that of the individual they are coaching, and bring a wealth of experience to the relationship. Unlike with a mentor, the relationship does not have a personal dimension. Professional coaches can be expensive and vary a great deal in their background and training, so it is important that the individual do sufficient research on the coach before committing or signing a contract. The length of time that you commit to coaching can span anywhere from 3 to 12 months, and the number of interactions, types of assessments, and other details should be outlined in a contract that describes the leader’s goal for his or her own development, as well as input from supervisors to ensure alignment with the needs of the organization.
FINDING THE SPIRITUAL CENTER

It is possible that the most important thing you will do as a leader is to come to know yourself as a spiritual being. Your only consistent travel companion in this journey of life, work, and leadership is the self. As noted earlier, leadership at any level can be lonely at times, so one must find fulfillment in the company of the self. Furthermore, the person who is well acquainted with his or her whole self is able to build on personal strengths, acknowledge and improve on areas of personal weakness, and move beyond the self to lead, lift, and guide others to better service.

Finding the spiritual center is about finding meaning. Barsh et al. (2008, p. 35) reminded that meaning “provides energy and inspires passion. Without meaning, work is a slog between weekends. With meaning, any job can become a calling.” A central finding of a landmark study of spirituality in the workplace by Mitroff and Denton (1999) was that people do not want to fragment or compartmentalize their lives to exclude meaning or spirituality from their work. Their second major finding was that few organizations provide successful models to integrate spirituality.

“Spirituality is a universal human phenomenon” (Allen & Marshall, 2010). Spiritual care of patients is a growing area of concern in health care. Indeed, the Joint Commission on Accreditation of Healthcare Organizations (2010) now requires health systems to address spiritual care. Attention to spirituality is associated with improved physical, psychological, and social health outcomes (Burkhart, Solari-Twadell, & Hass, 2008, p. 33). Spirituality “is the inclination to commune with a higher power beyond self, to find meaning within oneself, or to connect with something transcendent or metaphysical that is central to being spiritual. It is internal to the person . . . giving hope, promoting interconnectedness, and provid[ing] a sense of well-being” (Allen & Marshall, 2010, p. 233; Lubkin & Larsen, 2006). It implies a sense of transcendence, and it requires the time and space for personal reflection. It invites us to explore the deepest dimension of our uniqueness and potential for altruism as human beings (Wolf, 2004).

Moore (1992, 1994, p. 5) called the soul “that vast expanse, that universe of all of who we are.” He explained, “Soul is not a thing, but a quality or a dimension of experiencing life and ourselves. It has to do with depth, value, relatedness, heart, and personal substance,” rather than an object of religious belief. Get to know yourself, like yourself, and become interested in that person who is you. Moore (1992) reminded that “care of the soul begins with observance of how the
soul manifests itself and how it operates,” and that “we can’t care for the soul unless we are familiar with its ways.” Finding your spiritual center helps you to be honest, to embrace who you are, and to accept others. It empowers you to observe and reflect, to learn from, and to honor what you learn about yourself. It creates a confidence in authenticity and absolute honesty.

You can gain insight into the soul and who you are in a variety of ways. Take this short test to discover who you are. Ask yourself, “What do others believe about you that you don’t think is true?” Is there some prickly inconsistency that you would like to smooth? Is your leadership persona a role you assume like a comfortable professional wardrobe, or one of which you tire and from which you seek relief? Ask yourself the next question, “What is your fatal flaw?” Is there something that others do not know about you that you dislike and want to change? Are you working on it? Is there someone who can help? Next question, “What is your benign flaw?” What is acceptable to others, but something you would like to change? Be cautioned not to look for errors and mistakes as points of self-condemnation, but instead value them, feel them, and bring them into your presence. Talk to yourself about them as if those faults, habits, or mistakes were errant charges that you can correct with gentleness. Mistakes and solutions, wounds and healing, regrets, and renewal of purpose are all part of the journey of finding the spiritual center as a leader.

On your way to fulfilling leadership, work to acquire your own repertoire of helpful habits to feed the spirit. The first helpful habit is to find an enduring faith—in God, a higher power, a positive energy, or a greater self; some form of faith that allows you to release custody of lingering problems at the end of the day to a greater metaphysical influence, allowing for rest and renewal so you can face them in the morning. The second habit of the spiritually centered leader is to love. Love here means to have meaningful, supportive relationships; to associate with nurturing people; and to avoid destructive, toxic people. Evidence is abundant on the value of social support in nearly every aspect of human life, including leading. Bolman and Deal (2001) reminded that every organization can be a bit like a family, either caring or dysfunctional (and perhaps some of both). To move toward a caring organization “begins with knowing—it requires listening, understanding, and accepting. It progresses through a deepening sense of appreciation, respect, and ultimately, love. Love is a willingness to reach out” (Bolman & Deal, 2001, p. 108).

Another aspect of leadership love is altruism. When one nurtures the sense of giving or charity without thought of reciprocation, somehow, the spirit of leadership is enlivened, and the leader assumes a position of strength, confidence, and humanity.

To sustain the spiritual self in leadership also requires a concerted attention to the physical self. Enormous energy is demanded of leaders in health care, which requires moderation in diet, activity, personal maintenance, and sleep. Positive health habits not only sustain the leader but also set a standard and model for colleagues and even patients. Similarly, leaders can do well by embracing beauty and aesthetics, humor, and congruency. Other specific spiritual
practices include meditating, music, journeying to or designating sacred places, and prayer (Bolman & Deal, 2001; Porter-O’Grady & Malloch, 2007).

Because it seems so personal, inviting spirituality—however it may be defined—into the leadership and work environment requires courage. Those who do it, however, note that it is worthwhile and conducive to creating an environment of respect, ethics, values, and integrity (Wolf, 2004). Leaders who promote spiritual exploration among workers and patients must be authentic. A spiritual focus cannot be feigned. You must inspire and model your best self. When you find your spiritual center, you will be amazed at your abilities to positively influence others. They will be drawn to you. You will enable your positional authority or power to become influence.

Becoming an effective, influential leader is an enriching journey. It begins with the first day you consider securing an official leadership position. It requires thoughtful preparation and self-assessment. It demands that leadership be viewed through the lens of making a difference and having influence. It includes constant self-assessment for growth and development of skills. It offers continuing challenges, and will prompt fears, failures, and associated courage. As you develop as a leader, care for yourself as you care for others. Look to networks and mentors for help. Mostly, find and nurture your best self. We have called that “best self” your spiritual center. Enjoy the journey—it is your time.

REFERENCES


